

**FORM**  
**5**Rev  
02/08State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400147499

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 47120 4. Contact Name: CARA MAHLER  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029  
3. Address: P O BOX 173779 Fax: (720) 929-7029  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-21144-00 6. County: WELD  
7. Well Name: WAGNER Well Number: 5-13A  
8. Location: QtrQtr: SWNW Section: 13 Township: 2N Range: 67W Meridian: 6  
Footage at surface: Distance: 2167 feet Direction: FNL Distance: 578 feet Direction: FWL  
As Drilled Latitude: 40.139280 As Drilled Longitude: -104.846420

## GPS Data:

Data of Measurement: 11/21/2006 PDOP Reading: 2.0 GPS Instrument Operator's Name: Steve Fisher

\*\* If directional footage at Top of Prod. Zone Dist.: 2167 feet. Direction: FNL Dist.: 578 feet. Direction: FWL  
Sec: 13 Twp: 2N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 2167 feet. Direction: FNL Dist.: 578 feet. Direction: FWL  
Sec: 13 Twp: 2n Rng: 67W

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 12/17/2002 13. Date TD: 12/23/2002 14. Date Casing Set or D&A: 01/17/2003

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7985 TVD\*\* 7980 17 Plug Back Total Depth MD 7969 TVD\*\* 796418. Elevations GR 4870 KB 4882

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

CBL

## 20. Casing, Liner and Cement:

### CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24#	0	649	455	0	649	CALC
1ST	7+1/2	4+1/2	11.6#	0	4,870	250	3,750	4,870	CBL
2ND	7+1/2	4+1/2	11.6#	0	7,984	150	6,665	7,984	CBL

### ADDITIONAL CEMENT

Cement work date: 02/23/2011

Details of work:

There were 3 squeeze holes shot @ 3056'. Cement from 2150'-3050'.

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	3,050	200	2,150	3,050

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	4,320		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,139		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,381		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,402		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,840		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: CARA MAHLER

Title: REGULATORY ANALYST Date: \_\_\_\_\_ Email: CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400147745	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)