

FORM  
5Rev  
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:

400181048

## 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: Cindy Vue  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832  
3. Address: P O BOX 173779 Fax: (720) 929-7832  
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-32145-00 6. County: WELD  
7. Well Name: WILDFLOWER Well Number: 19-27  
8. Location: QtrQtr: SESW Section: 27 Township: 2N Range: 68W Meridian: 6  
Footage at surface: Distance: 1087 feet Direction: FSL Distance: 1332 feet Direction: FWL  
As Drilled Latitude: 40.105264 As Drilled Longitude: -104.994062

## GPS Data:

Data of Measurement: 05/03/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: Renee Doiron

## \*\* If directional footage

at Top of Prod. Zone Distance: 1338 feet Direction: FSL Distance: 1305 feet Direction: FWL  
Sec: 27 Twp: 2N Rng: 68W  
at Bottom Hole Distance: 1341 feet Direction: FSL Distance: 1303 feet Direction: FWL  
Sec: 27 Twp: 2N Rng: 68W

9. Field Name: SPINDLE 10. Field Number: 77900  
11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 03/16/2011 13. Date TD: 03/19/2011 14. Date Casing Set or D&A: 03/19/2011

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7840 TVD 7821 17 Plug Back Total Depth MD 7758 TVD 773918. Elevations GR 5008 KB 5022

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:

SD-DSN-AC-TR; 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
CONDUCTOR	24	16	42#	0	135	90	0	135	CALC
SURF	12+1/4	8+5/8	24#	0	815	550	0	815	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,786	1,111	2,195	7,786	CBL

## ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
PARKMAN	4,054	4,250	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,460	4,660	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,014	5,060	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,360		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,587		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,659		<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: Cindy Vue

Title: Regulatory Analyst II

Date: \_\_\_\_\_

Email: Cindy.Vue@anadarko.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

### Attachment Check List

Att Doc Num	Name
400181072	DIRECTIONAL SURVEY
400181073	CEMENT JOB SUMMARY

Total Attach: 2 Files

### General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)