

FORM  
5Rev  
02/08

## State 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:

400162751

## 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 &amp; GAS ONSHORE LP

Phone: (720) 929-6029

3. Address: P O BOX 173779

Fax: (720) 929-7029

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-32641-00

6. County: WELD

7. Well Name: DENVER

Well Number: 16-18

8. Location: QtrQtr: SESE Section: 18 Township: 1N Range: 66W Meridian: 6

Footage at surface: Distance: 1177 feet Direction: FSL Distance: 786 feet Direction: FEL

As Drilled Latitude: 40.047176 As Drilled Longitude: -104.813315

## GPS Data:

Date of Measurement: 03/16/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: RENEE DOIRON

\*\* If directional footage at Top of Prod. Zone Dist.: 543 feet. Direction: FSL Dist.: 515 feet. Direction: FEL

Sec: 18 Twp: 1N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 554 feet. Direction: FSL Dist.: 508 feet. Direction: FEL

Sec: 18 Twp: 1N Rng: 66W

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) 01/15/2011 13. Date TD: 01/19/2011 14. Date Casing Set or D&amp;A: 01/20/2011

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8155 TVD\*\* 8071 17 Plug Back Total Depth MD 8117 TVD\*\* 8033

18. Elevations GR 4935 KB 4949

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, SD-DSN-AC-TR

## 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	990	630	0	990	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,145	1,325	6,850	8,145	CBL

## ADDITIONAL CEMENT

Cement work date: 01/20/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,807	735	880	5,807

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	
NIOBRARA	7,178		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,524		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,546		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,639		<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: 5/9/2011 Email: CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400162758	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400162755	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400162751	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	e-mailed Cara Mahler requesting paper and LAS versions of SD/DSN-AC/TR	6/29/2011 3:12:36 PM

Total: 1 comment(s)