

**FORM  
5**Rev  
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:

400173043

**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 &amp; 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 05-123-32142-00

6. County: WELD

7. Well Name: WILDFLOWER

Well Number: 33-27

8. Location: QtrQtr: SESW Section: 27 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 1047 feet Direction: FSL Distance: 1332 feet Direction: FWL

As Drilled Latitude: 40.105157 As Drilled Longitude: -104.994060

## GPS Data:

Date of Measurement: 05/03/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 1310 feet. Direction: FSL Dist.: 20 feet. Direction: FWL

Sec: 27 Twp: 2N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 1312 feet. Direction: FSL Dist.: 27 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) 04/02/2011 13. Date TD: 04/05/2011 14. Date Casing Set or D&amp;A: 04/06/2011

## 15. Well Classification:

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

16. Total Depth MD 8400 TVD\*\* 8228 17 Plug Back Total Depth MD 8353 TVD\*\* 8181

18. 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:

PRELIMINARY FORM 5

## 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	813	510	0	813	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,389	220	7,277	8,389	CALC

**ADDITIONAL CEMENT**

Cement work date: 04/06/2011					
Details of work:					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	6,166	722	887	6,166

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	4,133		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,545	4,865	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,152	5,272	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,590		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,788		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,810		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,241		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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: 6/8/2011 Email: Cindy.Vue@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400173054	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400173053	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>					
400173043	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Engineer	Preliminary Form 5, no CBL yet.	8/4/2011 12:17:01 PM

Total: 1 comment(s)