

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



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| DE | ET | OE | ES |
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Document Number:

400192247

## 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-

5. API Number 05-123-32739-00 6. County: WELD  
 7. Well Name: PINNACLE Well Number: 2-2HZ  
 8. Location: QtrQtr: SWSE Section: 2 Township: 1N Range: 68W Meridian: 6  
 Footage at surface: Distance: 306 feet Direction: FSL Distance: 2018 feet Direction: FEL  
 As Drilled Latitude: 40.073954 As Drilled Longitude: -104.968353

GPS Data:

 Data of Measurement: 05/23/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: RENEE DOIRON

\*\* If directional footage

at Top of Prod. Zone Distance: 722 feet Direction: FSL Distance: 1956 feet Direction: FEL  
 Sec: 2 Twp: 1N Rng: 68W  
 at Bottom Hole Distance: 468 feet Direction: FNL Distance: 2105 feet Direction: FEL  
 Sec: 2 Twp: 1N Rng: 68W

 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) 04/07/2011 13. Date TD: 04/20/2011 14. Date Casing Set or D&A: 04/24/2011

15. Well Classification:

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

 16. Total Depth MD 12015 TVD 7507 17 Plug Back Total Depth MD 11929 TVD 7507

 18. Elevations GR 5006 KB 5023

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:

MUD LOG, BHVP, ACTR, SDDSN, CPNGR,

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       | 9+5/8          | 36    | 0             | 923           | 440       | 0       | 923     | CALC   |
| 1ST         | 8+3/4        | 7+0/0          | 26    | 0             | 7,873         | 563       | 1,700   | 7,873   | CBL    |
| 1ST LINER   | 6+1/8        | 4+1/2          | 11.6  | 6765          | 12,000        |           |         |         | CALC   |

### 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                    |   |
| NIOBRARA       | 7,580          |        | <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 I

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

Email: CARA.MAHLER@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               |
|-------------|--------------------|
| 400192248   | DIRECTIONAL SURVEY |
| 400192249   | CEMENT JOB SUMMARY |
| 400192253   | LAS-MUD            |
| 400192254   | LAS-               |

Total Attach: 4 Files

### General Comments

User Group

Comment

Comment Date

|  |  |  |
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|  |  |  |
|--|--|--|

Total: 0 comment(s)