

**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:

400192258

**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 05-123-32796-00

6. County: WELD

7. Well Name: DECHANT

Well Number: 4-19HZ

8. Location: QtrQtr: SWSW Section: 19 Township: 2N Range: 64W Meridian: 6

Footage at surface: Distance: 385 feet Direction: FSL Distance: 330 feet Direction: FWL

As Drilled Latitude: 40.117755 As Drilled Longitude: -104.601590

GPS Data:

Data of Measurement: 05/03/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: RENEE DOIRON

\*\* If directional footage

at Top of Prod. Zone Distance: 858 feet Direction: FSL Distance: 789 feet Direction: FWL

Sec: 19 Twp: 2N Rng: 64W

at Bottom Hole Distance: 472 feet Direction: FNL Distance: 723 feet Direction: FWL

Sec: 19 Twp: 2N Rng: 64W

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) 02/03/2011 13. Date TD: 02/18/2011 14. Date Casing Set or D&amp;A: 02/21/2011

15. Well Classification:

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

16. Total Depth MD 11374 TVD 6959 17 Plug Back Total Depth MD 11346 TVD 6959

18. Elevations GR 4981 KB 49985094

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:

MD-HOR, SD-DSN-AC-TR, SD-DSN, CSNG, BVP, 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	9+5/8	40	0	1,015	530	0	1,015	CALC
1ST	8+3/4	7+0/0	26	0	7,438	645	2,315	7,438	CBL
1ST LINER	6+1/8	4+1/2	11.6	6169	11,359				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	7,095		<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
400192260	DIRECTIONAL SURVEY
400192261	CEMENT JOB SUMMARY
400192262	LAS-CBL 1ST RUN
400192276	LAS-
400192277	LAS-
400192278	LAS-

Total Attach: 6 Files

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)