

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:  
400195720

## 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: Emily Carrender  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6282  
3. Address: P O BOX 173779 Fax: (720) 929-7282  
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-32040-00 6. County: WELD  
7. Well Name: BADDING Well Number: 12-35SX  
8. Location: QtrQtr: SESW Section: 35 Township: 2N Range: 66W Meridian: 6  
Footage at surface: Distance: 1017 feet Direction: FSL Distance: 1577 feet Direction: FWL  
As Drilled Latitude: 40.090116 As Drilled Longitude: -104.748107

GPS Data:

Data of Measurement: 06/09/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage

at Top of Prod. Zone Distance: 1995 feet Direction: FSL Distance: 742 feet Direction: FWL  
Sec: 35 Twp: 2N Rng: 66W  
at Bottom Hole Distance: 2109 feet Direction: FSL Distance: 670 feet Direction: FWL  
Sec: 35 Twp: 2N 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) 05/09/2011 13. Date TD: 05/11/2011 14. Date Casing Set or D&A: 05/11/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 5386 TVD 5112 17 Plug Back Total Depth MD 5345 TVD 5071

18. Elevations GR 5108 KB 5123

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:

PRE 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+1/2	8+5/8	24.0	0	1,189	750	0	1,189	CALC
1ST	7+7/8	4+1/2	11.6	0	5,375	635	989	5,375	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	4,453	4,490	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,856	5,252	<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: Emily Carrender

Title: Operation Specialist I Date: \_\_\_\_\_ Email: emily.carrender@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
400195732	DIRECTIONAL SURVEY
400195733	CEMENT JOB SUMMARY

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)