

**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:

400195971

**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 &amp; 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 05-123-33147-00

6. County: WELD

7. Well Name: CARTER

Well Number: 23-32

8. Location: QtrQtr: NWSE Section: 32 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 2321 feet Direction: FSL Distance: 1604 feet Direction: FEL

As Drilled Latitude: 40.093736 As Drilled Longitude: -104.797362

GPS Data:

Data of Measurement: 07/22/2011 PDOP Reading: 3.7 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage

at Top of Prod. Zone Distance: 1096 feet Direction: FSL Distance: 2524 feet Direction: FEL

Sec: 32 Twp: 2N Rng: 66W

at Bottom Hole Distance: 1120 feet Direction: FSL Distance: 2565 feet Direction: FEL

Sec: 32 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) 05/04/2011 13. Date TD: 06/11/2011 14. Date Casing Set or D&amp;A: 06/12/2011

15. Well Classification:

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

16. Total Depth MD 8320 TVD 8076 17 Plug Back Total Depth MD 8288 TVD 8044

18. Elevations GR 4912 KB 4928

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+1/4	8+5/8	24.0	0	905	570	16	905	CALC
1ST	7+7/8	4+1/2	11.6	0	8,310	240	8,030	8,310	CALC

**ADDITIONAL CEMENT**

Cement work date: 06/28/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	8,011	835	190	8,011

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	4,307		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,625		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,424		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,722		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,746		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,150		<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
400195974	DIRECTIONAL SURVEY
400195975	CEMENT JOB SUMMARY

Total Attach: 2 Files

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)