

FORM  
5Rev  
02/08State 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:

400206667

## 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 & 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 05-123-32306-00 6. County: WELD  
7. Well Name: SWEETGRASS Well Number: 25-14  
8. Location: QtrQtr: NESE Section: 14 Township: 1N Range: 68W Meridian: 6  
Footage at surface: Distance: 1840 feet Direction: FSL Distance: 864 feet Direction: FEL  
As Drilled Latitude: 40.049243 As Drilled Longitude: -104.964302

## GPS Data:

Data of Measurement: 06/03/2011 PDOP Reading: 2.7 GPS Instrument Operator's Name: Renee Doiron

## \*\* If directional footage

at Top of Prod. Zone Distance: 2546 feet Direction: FSL Distance: 2585 feet Direction: FEL  
Sec: 14 Twp: 1N Rng: 68W  
at Bottom Hole Distance: 2544 feet Direction: FSL Distance: 2581 feet Direction: FEL  
Sec: 14 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) 05/13/2011 13. Date TD: 05/18/2011 14. Date Casing Set or D&amp;A: 05/19/2011

## 15. Well Classification:

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

16. Total Depth MD 8771 TVD 8419 17 Plug Back Total Depth MD 8723 TVD 8371

18. Elevations GR 5136 KB 5151

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:

P/E AILC-CNLD-ML-TC-CV; 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	8+5/8	24	0	1,202	760	15	1,202	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,758	251	8,444	8,758	CBL

## ADDITIONAL CEMENT

Cement work date: 05/18/2011

## Details of work:

5/18/11 -635 SX CMT DV TOOL @ 5380', CMT FROM 874-5426'

7/22/11 -235 SX CMT 7650-8400'

7/27/11 -25 SX CMT 7650-7680' Test csg to 1000, held good.

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,380	635	874	5,426
SQUEEZE	1ST	8,400	235	7,650	8,400
SQUEEZE	1ST	7,650	25	7,650	7,680

## 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	4,570	4,870	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,071	5,220	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,632	5,760	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,864		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,216		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,293		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,692		<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: Cindy Vue

Title: Regulatory Analyst II

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

Email: Cindy.Vue@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
400206695	DIRECTIONAL SURVEY
400206696	CEMENT JOB SUMMARY
400206701	CEMENT JOB SUMMARY
400206702	CEMENT JOB SUMMARY

Total Attach: 4 Files

**General Comments****User Group****Comment****Comment Date**

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Total: 0 comment(s)