

**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:

400216927

**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 05-123-32274-00

6. County: WELD

7. Well Name: COOLEY

Well Number: 11-16

8. Location: QtrQtr: SWSW Section: 16 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 978 feet Direction: FSL Distance: 1154 feet Direction: FWL

As Drilled Latitude: 40.134182 As Drilled Longitude: -105.013534

## GPS Data:

Data of Measurement: 10/13/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 2006 feet. Direction: FSL Dist.: 1965 feet. Direction: FWL

Sec: 16 Twp: 2N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 2019 feet. Direction: FSL Dist.: 1972 feet. Direction: FWL

Sec: 16 Twp: 2N 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) 09/01/2011 13. Date TD: 09/05/2011 14. Date Casing Set or D&amp;A: 09/06/2011

## 15. Well Classification:

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

16. Total Depth MD 8265 TVD\*\* 8029 17 Plug Back Total Depth MD 8239 TVD\*\* 8003

18. Elevations GR 4885 KB 4899

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	934	590	14	934	CALC
1ST	7+7/8	4+1/2	11.6	0	8,255	234	5,524	8,255	CALC

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 09/06/2011					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,524	661	700	5,524
Details of work:					

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	4,052		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,645		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,045		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,387		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,685		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,709		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,102		<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

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

### General Comments

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

Total: 0 comment(s)