

FORM  
5Rev  
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:

400217081

## 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 05-123-32741-00 6. County: WELD  
7. Well Name: RICKS Well Number: 35-15  
8. Location: QtrQtr: SWSW Section: 15 Township: 2N Range: 65W Meridian: 6  
Footage at surface: Distance: 216 feet Direction: FSL Distance: 566 feet Direction: FWL  
As Drilled Latitude: 40.131999 As Drilled Longitude: -104.657567

## GPS Data:

Data of Measurement: 09/02/2011 PDOP Reading: 3.0 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 50 feet. Direction: FSL Dist.: 1194 feet. Direction: FWL

Sec: 15 Twp: 2N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 61 feet. Direction: FSL Dist.: 1201 feet. Direction: FWL

Sec: 15 Twp: 2N Rng: 65W

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) 08/23/2011 13. Date TD: 08/26/2011 14. Date Casing Set or D&amp;A: 08/27/2011

## 15. Well Classification:

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

16. Total Depth MD 7860 TVD\*\* 7793 17 Plug Back Total Depth MD 7834 TVD\*\* 7767

18. Elevations GR 4875 KB 4890

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	939	590	15	939	CALC
1ST	7+7/8	4+1/2	11.6	0	7,851	44	7,599	7,851	CALC

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/27/2011					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	7,599	929	700	7,599
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	4,046		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,406	4,679	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,910		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,225		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,247		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,696		<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

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### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)