

**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:

400187606

**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 &amp; 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 05-123-31804-00

6. County: WELD

7. Well Name: SPIVEY

Well Number: 37-4

8. Location: QtrQtr: NESE Section: 4 Township: 3N Range: 66W Meridian: 6

Footage at surface: Distance: 1840 feet Direction: FSL Distance: 517 feet Direction: FEL

As Drilled Latitude: 40.251814 As Drilled Longitude: -104.774807

## GPS Data:

Date of Measurement: 07/15/2011 PDOP Reading: 2.6 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 51 feet. Direction: FSL Dist.: 1389 feet. Direction: FEL

Sec: 4 Twp: 3N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 41 feet. Direction: FSL Dist.: 1385 feet. Direction: FEL

Sec: 4 Twp: 3N 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) 05/03/2011 13. Date TD: 05/06/2011 14. Date Casing Set or D&amp;A: 05/07/2011

## 15. Well Classification:

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

16. Total Depth MD 8265 TVD\*\* 7930 17 Plug Back Total Depth MD 8217 TVD\*\* 7882

18. Elevations GR 4834 KB 4849

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:

CD-CN-ML, HRI; 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	637	460	0	637	VISU
1ST	7+7/8	4+1/2	11.6#	0	8,253	1,092	0	8,253	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: _____					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
Details of work: _____					

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	4,000	4,210	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,460	4,790	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,132	5,250	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,360		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,654		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,103		<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: 7/20/2011 Email: Cindy.Vue@anadarko.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400187616	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400187615	Directional Survey **	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
400187606	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### **General Comments**

<u><b>User Group</b></u>	<u><b>Comment</b></u>	<u><b>Comment Date</b></u>
Permit	received hard copy logs 10/17/11. HRI 1671086 CD/CN/ML 1671087 CB/GR/CCL 1671088	11/28/2011 1:44:32 PM
Engineer	Awaiting logs requested by Barbara.	10/4/2011 3:35:10 PM
Permit	REQ'D PAPER LOGS AND DIG. CBL.	3/3/2011 1:00:57 PM

Total: 3 comment(s)