

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:

400206818

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: CARA MAHLER

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6029

3. Address: P O BOX 173779

Fax: (720) 929-7029

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-33362-00

6. County: WELD

7. Well Name: PSC

Well Number: 13N-13HZ

8. Location: QtrQtr: SESE Section: 13 Township: 3N Range: 68W Meridian: 6

Footage at surface: Distance: 482 feet Direction: FSL Distance: 446 feet Direction: FEL

As Drilled Latitude: 40.220406 As Drilled Longitude: -104.943365

GPS Data:

Date of Measurement: 08/03/2011 PDOP Reading: 2.8 GPS Instrument Operator's Name: RENEE DOIRON

** If directional footage at Top of Prod. Zone Dist.: 543 feet. Direction: FSL Dist.: 960 feet. Direction: FEL

Sec: 13 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 535 feet. Direction: FSL Dist.: 464 feet. Direction: FWL

Sec: 13 Twp: 3N 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) 07/14/2011 13. Date TD: 07/27/2011 14. Date Casing Set or D&A: 07/30/2011

15. Well Classification:

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

16. Total Depth MD 11575 TVD** 7048 17 Plug Back Total Depth MD 11548 TVD** 7021

18. Elevations GR 4873 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:

LPL0T VH VERTICAL, LPL0T VH HORIZONTAL, CSNGR, ACTRL, 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	13+1/2	9+5/8	36	0	919	680	0	919	CALC
1ST	8+3/4	7+0/0	26	0	7,663	694	1,740	7,663	CBL
1ST LINER	6+1/8	4+1/2	11.6	6368	11,560				CALC

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:

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	
NIOBRARA	7,230		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Directional Survey and Surface Cmt Tkt submitted with Pre-Form 5

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: CARA MAHLER

Title: REGULATORY ANALYST I Date: 11/14/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400223461	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400223459	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400206818	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400206823	LAS-POROSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400206824	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REC LOGS LISTED ON FORM 5 DOC#2204815-19, IN SCANNING	11/16/2011 9:09:55 AM
Permit	WAITING ON LOGS, REQ MWD/FMI LOGS	11/14/2011 3:18:21 PM

Total: 2 comment(s)