

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:  
400206763

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  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP  
3. Address: P O BOX 173779  
City: DENVER State: CO Zip: 80217-  
4. Contact Name: CARA MAHLER  
Phone: (720) 929-6029  
Fax: (720) 929-7029

5. API Number 05-123-33365-00  
6. County: WELD  
7. Well Name: PSC Well Number: 12C-13HZ  
8. Location: QtrQtr: SESE Section: 13 Township: 3N Range: 68W Meridian: 6  
Footage at surface: Distance: 546 feet Direction: FSL Distance: 383 feet Direction: FEL  
As Drilled Latitude: 40.220595 As Drilled Longitude: -104.943141

GPS Data:  
Date of Measurement: 08/03/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: RENEE DOIRON

\*\* If directional footage at Top of Prod. Zone Dist.: 1988 feet. Direction: FSL Dist.: 964 feet. Direction: FEL  
Sec: 13 Twp: 3N Rng: 68W  
\*\* If directional footage at Bottom Hole Dist.: 1962 feet. Direction: FSL Dist.: 472 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) 05/24/2011 13. Date TD: 06/06/2011 14. Date Casing Set or D&A: 06/09/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11839 TVD\*\* 7259 17 Plug Back Total Depth MD 11789 TVD\*\* 7258

18. Elevations GR 4871 KB 4888  
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:  
CBL, ACTR, BCS, BVP, CSNG, LPLOT VH Vertical, LPLOT VH Horizontal

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	933	690	0	933	CALC
1ST	8+3/4	7+0/0	26	0	7,924	725	1,530	7,924	CBL
1ST LINER	6+1/4	4+1/2	11.6	6374	11,836	267	5,600	11,836	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	7,220		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,947		<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: CARA MAHLER

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

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400210611	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400210612	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"/>
<b><u>Other Attachments</u></b>			
1792356	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400206763	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400206775	LAS-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400206776	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	REC LOGS DOC#2204804-10, IN SCANNING	11/16/2011 9:11:16 AM
Permit	waiting on logs, req mwd/fmi logs	11/14/2011 3:10:29 PM

Total: 2 comment(s)