

**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:

400237542

**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 05-123-32089-00

6. County: WELD

7. Well Name: RIVERBEND

Well Number: 13-18

8. Location: QtrQtr: SWSW Section: 18 Township: 1N Range: 66W Meridian: 6

Footage at surface: Distance: 756 feet Direction: FSL Distance: 880 feet Direction: FWL

As Drilled Latitude: 40.045934 As Drilled Longitude: -104.826569

## GPS Data:

Data of Measurement: 12/01/2010 PDOP Reading: 5.4 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 529 feet. Direction: FSL Dist.: 510 feet. Direction: FWL

Sec: 18 Twp: 1N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 530 feet. Direction: FSL Dist.: 512 feet. Direction: FWL

Sec: 18 Twp: 1N 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) 10/31/2010 13. Date TD: 11/03/2010 14. Date Casing Set or D&amp;A: 11/04/2010

## 15. Well Classification:

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

16. Total Depth MD 7673 TVD\*\* 7634 17 Plug Back Total Depth MD 7626 TVD\*\* 7586

18. Elevations GR 4919 KB 4936

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, DI-GL-GR; XIPE 40 ACL; 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	952	600	17	952	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,663	1,026	5,050	7,663	CBL
1ST LINER	7+7/8	3+1/2	9.2#	0	7,652	93	17	7,652	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:

**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	4,260		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,648		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,122	7,673	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,508		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,531		<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: \_\_\_\_\_

Email: Cindy.Vue@anadarko.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400237564	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400237563	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"/>

**General Comments****User Group****Comment****Comment Date**

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Total: 0 comment(s)