

**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:

400248423

**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 &amp; 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 05-123-08363-00

6. County: WELD

7. Well Name: KELLY GAS UNIT

Well Number: 1

8. Location: QtrQtr: SENE Section: 18 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 1440 feet Direction: FNL Distance: 1260 feet Direction: FEL

As Drilled Latitude: 40.141367 As Drilled Longitude: -104.815122

## GPS Data:

Date of Measurement: 10/30/2008 PDOP Reading: 2.3 GPS Instrument Operator's Name: CODY MATTSON

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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) 04/25/1975 13. Date TD: 05/04/1975 14. Date Casing Set or D&amp;A: 08/15/1994

## 15. Well Classification:

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

16. Total Depth MD 7929 TVD\*\* 17 Plug Back Total Depth MD 7908 TVD\*\*

18. Elevations GR 4846 KB 4856

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 8/29/2011, CBL 9/6/2011

## 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		0	228	200	0	228	CALC
1ST	7+7/8	4+1/2		0	7,950	865	10	7,950	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 08/24/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	7,051	130	6,580	7,051
SQUEEZE	1ST	4,791	350	4,272	4,791
SQUEEZE	1ST	7,051	25	6,580	7,051
SQUEEZE	1ST	4,431	70	4,272	4,431

Details of work:

8/24/2011-PLACE CMT ACROSS NIOBRARA  
8/25/2011-Squeeze cmt across sussex  
8/30/2011-Squeeze Leak  
8/31/2011-Squeeze cmt across sussex

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	
SUSSEX	4,603		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,014		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,368		<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 Date: \_\_\_\_\_ Email: CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400248425	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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

Total: 0 comment(s)