

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:

400251318

## 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 05-123-33723-00

6. County: WELD

7. Well Name: HOWARD

Well Number: 41-32

8. Location: QtrQtr: SWNE Section: 32 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 2411 feet Direction: FNL Distance: 1504 feet Direction: FEL

As Drilled Latitude: 40.008225 As Drilled Longitude: -104.910237

## GPS Data:

Data of Measurement: 11/14/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 1300 feet. Direction: FNL Dist.: 64 feet. Direction: FEL

Sec: 32 Twp: 1N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 1292 feet. Direction: FNL Dist.: 62 feet. Direction: FEL

Sec: 32 Twp: 1N Rng: 67W

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) 10/12/2011 13. Date TD: 10/15/2011 14. Date Casing Set or D&amp;A: 10/17/2011

## 15. Well Classification:

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

16. Total Depth MD 8721 TVD\*\* 8401 17 Plug Back Total Depth MD 8663 TVD\*\* 8343

18. Elevations GR 5061 KB 5076

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:

P/E AILC-CNLD-ML; 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	1,259	790	15	1,259	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,708	64	8,376	8,708	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/17/2011					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	8,373	1,024	1,742	8,373
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	4,654		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,080	5,355	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,737		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,136		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,570		<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>		
400251320	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400251319	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>		
400251321	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

User Group      Comment      Comment Date

--	--	--

Total: 0 comment(s)