

**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



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Document Number:

400254011

**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 & 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 05-123-34061-00 6. County: WELD  
7. Well Name: MORTON Well Number: 37-1  
8. Location: QtrQtr: NESE Section: 1 Township: 1N Range: 67W Meridian: 6  
Footage at surface: Distance: 1371 feet Direction: FSL Distance: 943 feet Direction: FEL  
As Drilled Latitude: 40.076518 As Drilled Longitude: -104.833324

## GPS Data:

Data of Measurement: 01/12/2012 PDOP Reading: 3.1 GPS Instrument Operator's Name: Renee Doiron\*\* If directional footage at Top of Prod. Zone Dist.: 53 feet. Direction: FSL Dist.: 1302 feet. Direction: FELSec: 1 Twp: 1N Rng: 67W\*\* If directional footage at Bottom Hole Dist.: 51 feet. Direction: FSL Dist.: 1283 feet. Direction: FELSec: 1 Twp: 1N Rng: 67W9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 11/14/2011 13. Date TD: 11/17/2011 14. Date Casing Set or D&A: 11/18/2011

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8253 TVD\*\* 8087 17 Plug Back Total Depth MD 8219 TVD\*\* 805318. Elevations GR 4898 KB 4913

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  
☒ NO OPEN HOLE LOGS PLANNED.

## 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	878	590	15	878	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,243	50	7,994	8,243	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 11/18/2011					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	7,979	995	790	7,979
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	4,265		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,645		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,187		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,319		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,627		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,638		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,087		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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>					
400254013	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400254012	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>					
400254014	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)