

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:

400251978

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: Emily Carrender

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6282

3. Address: P O BOX 173779

Fax: (720) 929-7282

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-34107-00

6. County: WELD

7. Well Name: RIVERBEND

Well Number: 4-13

8. Location: QtrQtr: NWNW Section: 13 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 825 feet Direction: FNL Distance: 320 feet Direction: FWL

As Drilled Latitude: 40.056052 As Drilled Longitude: -104.847395

GPS Data:

Data of Measurement: 02/09/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 662 feet. Direction: FNL Dist.: 679 feet. Direction: FWL

Sec: 13 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 682 feet. Direction: FNL Dist.: 680 feet. Direction: FWL

Sec: 13 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) 12/15/2011 13. Date TD: 12/18/2011 14. Date Casing Set or D&A: 12/20/2011

15. Well Classification:

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

16. Total Depth MD 8151 TVD** 8111 17 Plug Back Total Depth MD 7785 TVD** 7745

18. Elevations GR 4952 KB 4967

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:

PRE FORM 5

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	0	991	620	15	991	CALC
1ST	7+7/8	4+1/2	11.6	0	8,135	64	7,787	8,135	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/20/2011					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	7,787	981	744	7,787
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	4,178		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,547	4,801	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,275		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,540		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,561		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,004		<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: Emily Carrender

Title: Operation Specialist I Date: _____ Email: emily.carrender@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400252002	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400254034	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

Total: 0 comment(s)