

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:

400223417

Date Received:

01/12/2012

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 & 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 05-123-09283-00

6. County: WELD

7. Well Name: CHAMPLIN 525 AMOCO "A"

Well Number: 1

8. Location: QtrQtr: SWSW Section: 5 Township: 2N Range: 63W Meridian: 6

Footage at surface: Distance: 990 feet Direction: FSL Distance: 990 feet Direction: FWL

As Drilled Latitude: 40.162852 As Drilled Longitude: -104.467467

GPS Data:

Date of Measurement: 09/15/2008 PDOP Reading: 2.3 GPS Instrument Operator's Name: RENEE DOIRON

** 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) 09/02/1977 13. Date TD: 14. Date Casing Set or D&A: 09/11/1977

15. Well Classification:

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

16. Total Depth MD 7450 TVD** 17 Plug Back Total Depth MD 7405 TVD**

18. Elevations GR 4847 KB 4857

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 (8/11/2011), CBL (8/19/2011), CBL (8/29/2011)

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	606	400	0	606	CALC
1ST	7+7/8	4+1/2		0	7,450	250	6,470	7,450	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/15/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	6,399	50	6,350	6,399
SQUEEZE	SURF	725	50	160	725
SQUEEZE	1ST	757	130	570	757
SQUEEZE	1ST	725	50	630	725
SQUEEZE	1ST	725	25	590	725

Details of work:

8/15/2011-squeeze top of Niobrara, to get coverage 200' above Niobrara
8/16/2011-50 sx squeeze across surface
8/17/2011-squeeze w/130 sx of Vericem w/LCM & 2% CC
8/22/2011- set balanced plug @ 768', TOOH, squeeze into perms stage in to get pressure to hold
8/25/2011- Squeeze w/25 sx of G w/ fluid loss, friction reducer, & CC

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	
FOX HILLS	550		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,214		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,278		<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: 1/12/2012 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400223437	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"/>
<u>Other Attachments</u>					
400223417	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)