

**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:

400267256

Date Received:

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 05-123-33806-00

6. County: WELD

7. Well Name: JEPSEN

Well Number: 23A-2

8. Location: QtrQtr: SESW Section: 2 Township: 3N Range: 65W Meridian: 6

Footage at surface: Distance: 485 feet Direction: FSL Distance: 2129 feet Direction: FWL

As Drilled Latitude: 40.248451 As Drilled Longitude: -104.632196

GPS Data:

Data of Measurement: 09/13/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 659 feet. Direction: FSL Dist.: 2230 feet. Direction: FWL

Sec: 2 Twp: 3N Rng: 65W

** If directional footage at Bottom Hole Dist.: 659 feet. Direction: FSL Dist.: 2230 feet. Direction: FWL

Sec: 2 Twp: 3N Rng: 65W

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) 08/15/2011 13. Date TD: 08/17/2011 14. Date Casing Set or D&A: 08/19/2011

15. Well Classification:

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

16. Total Depth MD 1500 TVD** 1477 17 Plug Back Total Depth MD 1424 TVD** 1401

18. Elevations GR 4772 KB 4787

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

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	13+1/2	9+5/8	36#	0	646	480	15	646	CBL
1ST	8+3/4	7	20#	0	1,466	253	15	1,466	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
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	
FOX HILLS	828		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

8/18/11 -WOC, PRESSURE CAME UP TO 366 ON BACK SIDE. GAS OBSERVED BUBBLING UP FROM GROUND OUTSIDE SURFACE CSG IN CELLAR. OPEN TO FLARE PIT AND VENT GAS. MONITOR PRESSURE, 100 PSI IN 5 MIN 30 SEC. WELL OPENED AND VENTED TO FLARE PIT. SHUT IN. PRESSURE ROSE TO 100 PSI IN 7 MIN 20 SEC. WELL OPENED AND VENTED TO FLARE PIT. NO GAS COMING FROM GROUND AFTER 20:00.
8/19/11- WELL CONTROL. MONITOR WELL. RR @ 11:00 8/19/11.

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>					
400267261	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400267262	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400267263	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400267269	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)