

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400282505

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 05-123-14181-00

6. County: WELD

7. Well Name: HSR-SMYTHE

Well Number: 14-27

8. Location: QtrQtr: SESW Section: 27 Township: 3N Range: 66W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FSL Distance: 1980 feet Direction: FWL

As Drilled Latitude: 40.190670 As Drilled Longitude: -104.765580

GPS Data:

Data of Measurement: 08/07/2007 PDOP Reading: 2.3 GPS Instrument Operator's Name: Steve Fisher

** 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: 62857

12. Spud Date: (when the 1st bit hit the dirt) 12/19/1988 13. Date TD: 12/23/1988 14. Date Casing Set or D&A: 12/28/1988

15. Well Classification:

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

16. Total Depth MD 7535 TVD** 17 Plug Back Total Depth MD 7478 TVD**

18. Elevations GR 4954 KB 4965

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:

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	582	350	11	582	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,528	230	6,310	7,528	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/04/1997

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	1ST	6,794	25	6,310	6,794

Details of work:

6/4/1997 -set CIBP w/ 25 sacks cement at 6794', TOC @ 6310'.
6/5/1997 -set whipstock plug @ 6780'

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	
NIOBRARA	7,127		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,372		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,394		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,479		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

05-123-14181-00 sidetracked original hole 6/4/1997 with a CIBP, 25 sacks of cement and a whipstock plug.

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 ?
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Attachment Checklist

400282700	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"/>

Other Attachments

400282701	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400282702	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)