

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:

1715479

Date Received:

06/11/2009

## 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: CAROLYN BROCKMAN

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

Phone: (720) 929-6000

3. Address: P O BOX 173779

Fax: (720) 929-7461

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-29334-00

6. County: WELD

7. Well Name: NYGREN

Well Number: 31-19

8. Location: QtrQtr: SWNW Section: 19 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 2044 feet Direction: FNL Distance: 791 feet Direction: FWL

As Drilled Latitude: 40.300868 As Drilled Longitude: -104.938903

## GPS Data:

Data of Measurement: 06/08/2009 PDOP Reading: 2.8 GPS Instrument Operator's Name: CHRIS PEARSON

\*\* If directional footage at Top of Prod. Zone Dist.: 1290 feet. Direction: FNL Dist.: 36 feet. Direction: FWL

Sec: 19 Twp: 4N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 1286 feet. Direction: FNL Dist.: 29 feet. Direction: FWL

Sec: 19 Twp: 4N 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) 04/05/2009 13. Date TD: 04/08/2009 14. Date Casing Set or D&amp;A: 04/08/2009

## 15. Well Classification:

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

16. Total Depth MD 7605 TVD\*\* 7485 17 Plug Back Total Depth MD 7569 TVD\*\* 7467

18. Elevations GR 4958 KB 4978

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:

CDL-GR-CAL-CNL-DIL-ML, 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	12+1/4	8+5/8		0	1,283	810	0	1,283	CALC
1ST	7+7/8	4+1/2		0	7,591	6,804	1,950	7,591	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF	1,283	80	0	1,283
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	
GREELEY SAND	2,410		<input type="checkbox"/>	<input type="checkbox"/>	WELL CLASSIFICATION TO BE PROVIDED UPON COMPLETION.
PARKMAN	3,739		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,187		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,746		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,129		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,420		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,441		<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: Y \_\_\_\_\_ Print Name: CAROLYN BROCKMAN

Title: REGULATORY Date: 6/12/2009 Email: CAROLYN.BROCKMAN@ANADARKO.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1785915	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

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Total: 0 comment(s)