

**FORM**  
**5**Rev  
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:

400306808

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: JOEL MALEFYT

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

Phone: (720) 929-6828

3. Address: P O BOX 173779

Fax: (720) 929-7828

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-34048-00

6. County: WELD

7. Well Name: HOWARD

Well Number: 10C-29HZ

8. Location: QtrQtr: SWNE Section: 32 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 2491 feet Direction: FNL Distance: 1549 feet Direction: FEL

As Drilled Latitude: 40.008002 As Drilled Longitude: -104.910394

## GPS Data:

Data of Measurement: 04/18/2012 PDOP Reading: 1.8 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 1917 feet. Direction: FNL Dist.: 2154 feet. Direction: FEL

Sec: 32 Twp: 1N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 2118 feet. Direction: FSL Dist.: 2136 feet. Direction: FWL

Sec: 29 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) 03/27/2012 13. Date TD: 04/12/2012 14. Date Casing Set or D&amp;A: 04/14/2012

## 15. Well Classification:

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

16. Total Depth MD 12351 TVD\*\* 7809 17 Plug Back Total Depth MD 12341 TVD\*\* 7806

18. Elevations GR 5057 KB 5073

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; MD-V; MD-H; CCNP-BD-MPR-GR

## 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	1,157	860	16	1,157	CALC
1ST	8+3/4	7	26	0	8,322	776	400	8,322	CBL
1ST LINER	6+1/8	4+1/2	11.6	7247	12,341				CALC

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf 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	
SHARON SPRINGS	7,410		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,439		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,805		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,824		<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: JOEL MALEFYTTitle: REGULATORY ANALYST Date: \_\_\_\_\_ Email: JOEL.MALEFYT@ANADARKO.COM**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400306840	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400306832	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"/>
<u>Other Attachments</u>					
400306833	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)