

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:

400321392

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: Eric Jansen

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

Phone: (720) 929-6412

3. Address: P O BOX 173779

Fax: (720) 929-7412

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-32343-00

6. County: WELD

7. Well Name: PIERSON

Well Number: 27-34

8. Location: QtrQtr: NWNE Section: 34 Township: 4N Range: 66W Meridian: 6

Footage at surface: Distance: 717 feet Direction: FNL Distance: 2533 feet Direction: FEL

As Drilled Latitude: 40.273494 As Drilled Longitude: -104.762949

GPS Data:

Data of Measurement: 05/03/2011 PDOP Reading: 1.8 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 34 feet. Direction: FNL Dist.: 1271 feet. Direction: FEL

Sec: 34 Twp: 4N Rng: 66W

** If directional footage at Bottom Hole Dist.: 36 feet. Direction: FNL Dist.: 1271 feet. Direction: FEL

Sec: 34 Twp: 4N Rng: 66W

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) 02/18/2011 13. Date TD: 02/23/2011 14. Date Casing Set or D&A: 03/14/2011

15. Well Classification:

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

16. Total Depth MD 7999 TVD** 7776 17 Plug Back Total Depth MD 7979 TVD** 7756

18. Elevations GR 4783 KB 4798

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	552	400	15	552	CALC
1ST	7+7/8	4+1/2	11.6	0	7,734	555	6,600	7,734	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	
FORT HAYS	7,449		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,470		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,489		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,546		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,934		<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: Eric Jansen

Title: Regulatory Specialist Date: _____ Email: eric.jansen@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400321460	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400321459	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>					
400321477	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)