

**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:

400324145

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 05-123-35055-00

6. County: WELD

7. Well Name: HIDDEN CREEK

Well Number: 14-29

8. Location: QtrQtr: NESW Section: 29 Township: 2N Range: 67W Meridian: 6

Footage at surface: Distance: 2181 feet Direction: FSL Distance: 2039 feet Direction: FWL

As Drilled Latitude: 40.108089 As Drilled Longitude: -104.916547

## GPS Data:

Data of Measurement: 05/23/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 515 feet. Direction: FSL Dist.: 2144 feet. Direction: FWL

Sec: 29 Twp: 2N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 529 feet. Direction: FSL Dist.: 2158 feet. Direction: FWL

Sec: 29 Twp: 2N 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) 03/26/2012 13. Date TD: 03/29/2012 14. Date Casing Set or D&amp;A: 03/30/2012

## 15. Well Classification:

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

16. Total Depth MD 8190 TVD\*\* 7878 17 Plug Back Total Depth MD 8160 TVD\*\* 7848

18. Elevations GR 5030 KB 5045

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; NO OPEN HOLE LOGS

## 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	878	900	15	878	CALC
1ST	7+7/8	4+1/2	11.6	0	8,180	1,030	652	8,180	CBL

**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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	4,409		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,805		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,413		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,690		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,972		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,982		<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 MALEFYT

Title: REGULATORY ANALYST Date: \_\_\_\_\_ Email: JOEL.MALEFYT@ANADARKO.COM

### **Attachment Check List**

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400324149	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400324150	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>		
400324151	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### **General Comments**

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

Total: 0 comment(s)