

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:

400324622

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 05-123-34290-00

6. County: WELD

7. Well Name: CHECKETTS

Well Number: 22-15

8. Location: QtrQtr: SENW Section: 15 Township: 4N Range: 65W Meridian: 6

Footage at surface: Distance: 2502 feet Direction: FNL Distance: 2097 feet Direction: FWL

As Drilled Latitude: 40.312856 As Drilled Longitude: -104.651152

## GPS Data:

Data of Measurement: 05/30/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 2540 feet. Direction: FSL Dist.: 1328 feet. Direction: FWL

Sec: 15 Twp: 4N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 2525 feet. Direction: FSL Dist.: 1342 feet. Direction: FWL

Sec: 15 Twp: 4N Rng: 65W

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) 05/21/2012 13. Date TD: 05/23/2012 14. Date Casing Set or D&amp;A: 05/24/2012

## 15. Well Classification:

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

16. Total Depth MD 7820 TVD\*\* 7705 17 Plug Back Total Depth MD 7550 TVD\*\* 7435

18. Elevations GR 4728 KB 4743

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; DSN-SD-AC-TR

## 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	527	330	15	527	CALC
1ST	7+7/8	4+1/2	11.6	0	7,811	50	7,574	7,811	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/22/2012					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	7,550	1,000	1,730	7,550
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	
PARKMAN	4,201		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,405		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,926		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,219		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,684		<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: \_\_\_\_\_ 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>		
400324637	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400324636	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>		
400324638	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)