

**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:

400325779

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: Emily Carrender

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

Phone: (720) 929-6282

3. Address: P O BOX 173779

Fax: (720) 929-7282

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-35578-00

6. County: WELD

7. Well Name: LAMBRECHT

Well Number: 24-2

8. Location: QtrQtr: NENE Section: 2 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 650 feet Direction: FNL Distance: 425 feet Direction: FEL

As Drilled Latitude: 40.085756 As Drilled Longitude: -104.850349

## GPS Data:

Date of Measurement: 08/01/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 2578 feet. Direction: FSL Dist.: 1290 feet. Direction: FEL

Sec: 2 Twp: 1N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 2587 feet. Direction: FSL Dist.: 1280 feet. Direction: FEL

Sec: 2 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) 07/09/2012 13. Date TD: 07/13/2012 14. Date Casing Set or D&amp;A: 07/13/2012

## 15. Well Classification:

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

16. Total Depth MD 8662 TVD\*\* 8144 17 Plug Back Total Depth MD 8346 TVD\*\* 7828

18. Elevations GR 4941 KB 4956

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:

PRE FORM 5

## 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	0	949	600	15	949	CALC
1ST	7+7/8	4+1/2	11.6	0	8,653	60	8,318	8,653	CALC

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 07/13/2012					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	8,318	1,050	700	8,318
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	4,739		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,134		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,783		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,027		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,060		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,504		<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: Emily Carrender

Title: Operation Specialist I Date: \_\_\_\_\_ Email: emily.carrender@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400325783	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400325782	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>					
400325784	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)