

**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:  400293442			
Date Received:  06/07/2012			

**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 & 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 05-123-33791-00	6. County: WELD
7. Well Name: STREAR	Well Number: 27-10
8. Location: QtrQtr: NENE Section: 10 Township: 2N Range: 67W Meridian: 6	
Footage at surface: Distance: 994 feet Direction: FNL	Distance: 1146 feet Direction: FEL
As Drilled Latitude: 40.157136	As Drilled Longitude: -104.871236

## GPS Data:

Data of Measurement: 03/26/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 41 feet. Direction: FNL Dist.: 1313 feet. Direction: FEL

Sec: 10 Twp: 2N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 32 feet. Direction: FNL Dist.: 1308 feet. Direction: FEL

Sec: 10 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) 03/11/2012 13. Date TD: 03/13/2012 14. Date Casing Set or D&amp;A: 03/15/2012

## 15. Well Classification:

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

16. Total Depth MD 8179 TVD\*\* 8060 17 Plug Back Total Depth MD 8147 TVD\*\* 8028

18. Elevations GR 4923 KB 4938

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 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	728	460	15	728	CALC
1ST	7+7/8	4+1/2	11.6	0	8,169	44	7,946	8,169	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 03/15/2012					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	7,913	1,003	460	7,913
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	4,065		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,454		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,010		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,343		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,580		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,582		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,038		<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: 6/7/2012 Email: JOEL.MALEFYT@ANADARKO.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400293462	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400293461	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>					
400293442	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400293460	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)