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Document Number:  
400336654

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 & 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 05-123-35189-00 6. County: WELD  
 7. Well Name: PEHR Well Number: 12-1  
 8. Location: QtrQtr: NWSW Section: 1 Township: 1N Range: 67W Meridian: 6  
 Footage at surface: Distance: 1498 feet Direction: FSL Distance: 250 feet Direction: FWL  
 As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

GPS Data:  
 Date of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_

\*\* If directional footage at Top of Prod. Zone Dist.: 1988 feet. Direction: FSL Dist.: 649 feet. Direction: FWL  
 Sec: 1 Twp: 1N Rng: 67W  
 \*\* If directional footage at Bottom Hole Dist.: 1993 feet. Direction: FSL Dist.: 652 feet. Direction: FWL  
 Sec: 1 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) 09/12/2012 13. Date TD: 09/14/2012 14. Date Casing Set or D&A: 09/15/2012

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8225 TVD\*\* 8148 17 Plug Back Total Depth MD 7944 TVD\*\* 7867

18. Elevations GR 4944 KB 4959  
 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	929	560	15	929	CALC
1ST	7+7/8	4+1/2	11.6	0	8,225	44	7,962	8,225	CALC

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 09/15/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	7,962	978	729	7,962

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	4,224		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,586		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,200		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,300		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,598		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,620		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,062		<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>			
400336657	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400336656	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>			
400336662	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

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

Total: 0 comment(s)