

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:

400333428

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 & 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 05-123-35143-00 6. County: WELD  
 7. Well Name: CAMP Well Number: 29N-31HZ  
 8. Location: QtrQtr: SESW Section: 31 Township: 3N Range: 65W Meridian: 6  
 Footage at surface: Distance: 450 feet Direction: FSL Distance: 1338 feet Direction: FWL  
 As Drilled Latitude: 40.175957 As Drilled Longitude: -104.711017

GPS Data:

Date of Measurement: 07/31/2012 PDOP Reading: 1.5 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 1261 feet. Direction: FSL Dist.: 1483 feet. Direction: FWL  
Sec: 31 Twp: 3N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 487 feet. Direction: FNL Dist.: 1460 feet. Direction: FWL  
Sec: 31 Twp: 3N 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) 04/02/2012 13. Date TD: 06/16/2012 14. Date Casing Set or D&A: 06/17/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11042 TVD\*\* 7218 17 Plug Back Total Depth MD 11016 TVD\*\* 7207

18. Elevations GR 4970 KB 4986

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; MWD (NFE-MPR-GR), MUD

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	13+1/2	9+5/8	36	0	852	620	16	852	CALC
1ST	8+3/4	7	26	0	7,508	789	90	7,508	CBL
1ST LINER	6+1/8	4+1/2	11.6	6510	11,026				CALC

### 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:

#### 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	4,028		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,451		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,197		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,340		<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 ?	
<b>Attachment Checklist</b>			
400333435	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400333436	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"/>
<b>Other Attachments</b>			
400333439	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)