

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:

400336490

Date Received:

10/15/2012

## 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 &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 05-123-33142-00

6. County: WELD

7. Well Name: CARTER

Well Number: 15-32

8. Location: QtrQtr: NWSE Section: 32 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 2321 feet Direction: FSL Distance: 1574 feet Direction: FEL

As Drilled Latitude: 40.093736 As Drilled Longitude: -104.797256

## GPS Data:

Data of Measurement: 07/22/2011 PDOP Reading: 4.9 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 638 feet. Direction: FSL Dist.: 1855 feet. Direction: FEL

Sec: 32 Twp: 2N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 635 feet. Direction: FSL Dist.: 1857 feet. Direction: FEL

Sec: 32 Twp: 2N Rng: 66W

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) 05/06/2011 13. Date TD: 06/02/2011 14. Date Casing Set or D&amp;A: 06/03/2011

## 15. Well Classification:

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

16. Total Depth MD 8554 TVD\*\* 8273 17 Plug Back Total Depth MD 8523 TVD\*\* 8242

18. Elevations GR 4912 KB 4928

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; P/E AILC-TC-CNLD-ML-CV

## 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	906	570	16	906	CALC
1ST	7+7/8	4+1/2	11.6	0	8,544	75	8,084	8,554	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/05/2012					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	8,084	1,085	550	8,084
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	
SUSSEX	4,730		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,465		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,722		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,744		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,196		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	8,380		<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: 10/15/2012 Email: JOEL.MALEFYT@ANADARKO.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400336495	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400336496	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>					
400336490	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400336500	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	Logs received.	10/29/2012 8:27:44 AM
Permit	On hold until paper density neutron and CBL are received.	10/15/2012 1:40:19 PM

Total: 2 comment(s)