

**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: 400333297			
Date Received: 10/04/2012			

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: 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 05-123-35188-00	6. County: WELD
7. Well Name: PEHR	Well Number: 35-1
8. Location: QtrQtr: NWSW Section: 1 Township: 1N Range: 67W Meridian: 6	
Footage at surface: Distance: 1497 feet Direction: FSL	Distance: 240 feet Direction: FWL
As Drilled Latitude: _____	As Drilled Longitude: _____
GPS Data: Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____	
** If directional footage at Top of Prod. Zone Dist.: 39 feet. Direction: FSL Dist.: 131 feet. Direction: FWL Sec: 1 Twp: 1N Rng: 67W	
** If directional footage at Bottom Hole Dist.: 28 feet. Direction: FSL Dist.: 1318 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) 09/15/2012 13. Date TD: 09/18/2012 14. Date Casing Set or D&A: 09/19/2012

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

16. Total Depth MD 8423 TVD** 8124 17 Plug Back Total Depth MD 8144 TVD** 7845

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	926	580	15	926	CALC
1ST	7+7/8	4+1/2	11.6	0	8,423	42	8,171	8,423	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/19/2012					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	8,171	1,001	726	8,171
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	4,357		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,767		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,421		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,530		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,818		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,841		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,271		<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: 10/4/2012 Email: emily.carrender@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400333304	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400333303	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>					
400333297	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400333305	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)