

**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:

400324743

Date Received:

09/07/2012

**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 &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 05-123-22829-00

6. County: WELD

7. Well Name: JEPSEN

Well Number: 14-2

8. Location: QtrQtr: SESW Section: 2 Township: 3N Range: 65W Meridian: 6

Footage at surface: Distance: 470 feet Direction: FSL Distance: 2180 feet Direction: FWL

As Drilled Latitude: 40.248415 As Drilled Longitude: -104.632029

## GPS Data:

Data of Measurement: 02/08/2012 PDOP Reading: 2.8 GPS Instrument Operator's Name: Steve Fisher

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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) 04/04/2005 13. Date TD: 04/08/2005 14. Date Casing Set or D&amp;A: 04/20/2005

## 15. Well Classification:

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

16. Total Depth MD 7221 TVD\*\* 17 Plug Back Total Depth MD 7182 TVD\*\*

18. Elevations GR 4770 KB 4782

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

## 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	630	445	0	630	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,210	640	3,822	7,210	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 10/12/2011					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST	0	622	0	3,711
Details of work:					
10/12/2011 -ANNULAR FILL					

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	4,345		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,790		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,038		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,062		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:		
<p>I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.</p> <p>Signed: _____ Print Name: JOEL MALEFYT</p> <p>Title: REGULATORY ANALYST Date: 9/7/2012 Email: JOEL.MALEFYT@ANADARKO.COM</p>		

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400324769	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
400324743	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Engineer	Rec'd corrected string from operator.	11/27/2012 8:07:32 AM
Engineer	Emailed operator on clarification on annular fill, Form 5 says surface string @ 3711', probably a 1st string annular fill?	11/8/2012 11:09:01 AM

Total: 2 comment(s)