

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:

400402491

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 05-123-35495-00

6. County: WELD

7. Well Name: NILES

Well Number: 29C-28HZ

8. Location: QtrQtr: SWSW Section: 28 Township: 3N Range: 66W Meridian: 6

Footage at surface: Distance: 210 feet Direction: FSL Distance: 457 feet Direction: FWL

As Drilled Latitude: 40.189256 As Drilled Longitude: -104.789969

GPS Data:

Data of Measurement: 02/04/2013 PDOP Reading: 1.3 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 665 feet. Direction: FSL Dist.: 1497 feet. Direction: FWL

Sec: 28 Twp: 3N Rng: 66W

** If directional footage at Bottom Hole Dist.: 484 feet. Direction: FNL Dist.: 1481 feet. Direction: FWL

Sec: 28 Twp: 3N 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) 09/27/2012 13. Date TD: 01/29/2013 14. Date Casing Set or D&A: 01/31/2013

15. Well Classification:

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

16. Total Depth MD 11984 TVD** 7396 17 Plug Back Total Depth MD 11947 TVD** 7395

18. Elevations GR 4935 KB 4948

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	13+1/2	9+5/8	36.0	0	902	680	14	902	CALC
1ST	8+3/4	7	26.0	0	7,861	776	330	7,861	CALC
1ST LINER	6+1/8	4+1/2	11.6	6860	11,956				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	
SHARON SPRINGS	7,158		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,278		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,667		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,772		<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 CarrenderTitle: Regulatory Specialist II Date: _____ Email: emily.carrender@anadarko.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400402504	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400402503	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>					
400402506	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)