

**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



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Document Number:  
400402583

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 05-123-36214-00	6. County: WELD
7. Well Name: BYDALEK	Well Number: 4N-20HZ
8. Location: QtrQtr: SWSW Section: 20 Township: 2N Range: 65W Meridian: 6	
Footage at surface: Distance: 461 feet Direction: FSL	Distance: 1146 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.: 745 feet. Direction: FNL Dist.: 522 feet. Direction: FWL Sec: 20 Twp: 2N Rng: 65W	
** If directional footage at Bottom Hole Dist.: 484 feet. Direction: FNL Dist.: 595 feet. Direction: FWL Sec: 20 Twp: 2N 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) 01/28/2013	13. Date TD: 03/17/2013	14. Date Casing Set or D&A: 03/20/2013
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15. Well Classification:
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation

16. Total Depth MD 11755 TVD** 7158	17 Plug Back Total Depth MD TVD**
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18. Elevations GR 4931 KB 4945	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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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	1,017	416	14	1,017	CALC
1ST	8+3/4	7	26.0	0	7,654	760	14	7,654	CALC
1ST LINER	6+1/8	4+1/2	11.6	6607	11,740				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	7,083		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,175		<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>					
400402609	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400402608	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>					
400402610	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments****User Group**      **Comment****Comment Date**

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Total: 0 comment(s)