

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:

400420081

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: JOEL MALEFYT  
 2. Name of Operator: KERR-MCGEE OIL & 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 05-123-35877-00 6. County: WELD  
 7. Well Name: NICHOLS Well Number: 1N-5HZ  
 8. Location: QtrQtr: SENE Section: 8 Township: 2N Range: 65W Meridian: 6  
 Footage at surface: Distance: 2493 feet Direction: FNL Distance: 578 feet Direction: FEL  
 As Drilled Latitude: 40.153688 As Drilled Longitude: -104.680378

GPS Data:

Date of Measurement: 01/16/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 2080 feet. Direction: FNL Dist.: 799 feet. Direction: FEL

Sec: 5 Twp: 2N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 485 feet. Direction: FNL Dist.: 772 feet. Direction: FEL

Sec: 5 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) 11/06/2012 13. Date TD: 01/04/2013 14. Date Casing Set or D&A: 01/06/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 14150 TVD\*\* 7030 17 Plug Back Total Depth MD 14126 TVD\*\* 7030

18. Elevations GR 4893 KB 4918

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; MWD: GR, R; MUD LOG

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	860	630	0	860	VISU
1ST	8+3/4	7	26	0	7,404	723		7,404	CBL
1ST LINER	6+1/8	4+1/5	11.6	6434	14,135				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	6,974		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,085		<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: \_\_\_\_\_

Email: JOEL.MALEFYT@ANADARKO.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400420117	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400420119	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b><u>Other Attachments</u></b>			
400420105	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400420106	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400420107	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400420113	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400420115	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400420116	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400420120	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)