

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:

400412860

Date Received:

05/02/2013

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: REBECCA HEIM
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6361
3. Address: P O BOX 173779 Fax: (720) 929-7361
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-35193-00 6. County: WELD
7. Well Name: XCEL Well Number: 35-27
8. Location: QtrQtr: SWSW Section: 27 Township: 1N Range: 67W Meridian: 6
Footage at surface: Distance: 561 feet Direction: FSL Distance: 676 feet Direction: FWL
As Drilled Latitude: 40.016372 As Drilled Longitude: -104.883637

GPS Data:
Date of Measurement: 12/10/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 66 feet. Direction: FSL Dist.: 1314 feet. Direction: FWL
Sec: 27 Twp: 1N Rng: 67W
** If directional footage at Bottom Hole Dist.: 64 feet. Direction: FSL Dist.: 1319 feet. Direction: FWL
Sec: 27 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) 11/15/2012 13. Date TD: 11/18/2012 14. Date Casing Set or D&A: 11/19/2012

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

16. Total Depth MD 8025 TVD** 7930 17 Plug Back Total Depth MD 7970 TVD** 7875

18. Elevations GR 5028 KB 5043
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:
CEMENT BOND 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	12+1/4	8+5/8	24	0	1,188	760	0	1,188	CALC
1ST	7+7/8	4+1/2	11.6	0	6,929	970	915	6,929	CBL

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	
PARKMAN	3,958		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,889		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,403		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,823		<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: REBECCA HEIM

Title: REGULATORY Date: 5/2/2013 Email: REBECCA.HEIM@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400412879	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400412878	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>			
400412860	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400412880	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Per operator added Log info. Requested form 5A. Operator said well to be completed summer 2013.	7/11/2013 11:40:50 AM

Total: 1 comment(s)