

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:

400469096

Date Received:

08/19/2013

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 05-123-24487-00

6. County: WELD

7. Well Name: MILLER

Well Number: 22-24

8. Location: QtrQtr: SWNW Section: 24 Township: 3N Range: 66W Meridian: 6

Footage at surface: Distance: 1835 feet Direction: FNL Distance: 571 feet Direction: FWL

As Drilled Latitude: 40.212891 As Drilled Longitude: -104.732790

GPS Data:

Data of Measurement: 08/01/2007 PDOP Reading: 2.4 GPS Instrument Operator's Name: Steve Fisher

** If directional footage at Top of Prod. Zone Dist.: 2527 feet. Direction: FNL Dist.: 1195 feet. Direction: FWL

Sec: 24 Twp: 3N Rng: 66

** If directional footage at Bottom Hole Dist.: 2527 feet. Direction: FNL Dist.: 1195 feet. Direction: FWL

Sec: 24 Twp: 3N Rng: 66

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) 07/22/2007 13. Date TD: 14. Date Casing Set or D&A:

15. Well Classification:

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

16. Total Depth MD 7715 TVD** 7605 17 Plug Back Total Depth MD 7673 TVD** 7563

18. Elevations GR 4990 KB 5004

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	892	400	0	892	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/10/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	7,703	450	880	2,562

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5 FOR CEMENT JOB

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: 8/19/2013 Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400469099	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400469096	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400469098	OPERATIONS SUMMARY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400469100	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400469305	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Corrected TOP and BHL to match original form 5.	9/10/2013 7:31:23 AM

Total: 1 comment(s)