

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:

400474341

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: Katie Kistner
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 9294317
3. Address: P O BOX 173779 Fax: _____
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-37438-00 6. County: WELD
7. Well Name: BELLA FEDERAL Well Number: 25C-7HZ
8. Location: QtrQtr: NESW Section: 8 Township: 3N Range: 66W Meridian: 6
Footage at surface: Distance: 2152 feet Direction: FSL Distance: 2429 feet Direction: FWL
As Drilled Latitude: 40.237945 As Drilled Longitude: -104.802028

GPS Data:

Data of Measurement: 07/09/2013 PDOP Reading: 2.0 GPS Instrument Operator's Name: Renee Doiron** If directional footage at Top of Prod. Zone Dist.: 2482 feet. Direction: FSL Dist.: 1963 feet. Direction: FWLSec: 8 Twp: 3N Rng: 66W** If directional footage at Bottom Hole Dist.: 2393 feet. Direction: FSL Dist.: 2158 feet. Direction: FELSec: 7 Twp: 3N Rng: 66W9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 06/29/2013 13. Date TD: 07/20/2013 14. Date Casing Set or D&A: 07/21/2013

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 11957 TVD** 7382 17 Plug Back Total Depth MD 11933 TVD** 738318. Elevations GR 4863 KB 4877

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, GR, RES, MUD

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	913	343	0	913	VISU
1ST	8+3/4	7	26	0	7,835	800	25	7,835	CBL
1ST LINER	6+1/8	4+1/2	11.6	6736	11,942				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	7,110		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,172		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,635		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,772		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Katie KistnerTitle: Regulatory Analyst Date: _____ Email: katie.kistner@anadarko.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400474366	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400474367	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"/>
<u>Other Attachments</u>					
400474348	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400474349	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400474350	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400474351	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400474352	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400474360	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400474364	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400483919	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)