

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:

400443897

Date Received:

07/08/2013

## 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: JOEL MALEFYT

2. Name of Operator: KERR-MCGEE OIL &amp; 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 05-123-36812-00

6. County: WELD

7. Well Name: TURKEY SPRINGS

Well Number: 2C-14HZ

8. Location: QtrQtr: NENE Section: 23 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 300 feet Direction: FNL Distance: 990 feet Direction: FEL

As Drilled Latitude: 40.130197 As Drilled Longitude: -104.738427

## GPS Data:

Data of Measurement: 05/07/2013 PDOP Reading: 1.4 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 554 feet. Direction: FSL Dist.: 1496 feet. Direction: FEL

Sec: 14 Twp: 2N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 486 feet. Direction: FNL Dist.: 1510 feet. Direction: FEL

Sec: 14 Twp: 2N Rng: 66W

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) 03/31/2013 13. Date TD: 06/04/2013 14. Date Casing Set or D&amp;A: 06/05/2013

## 15. Well Classification:

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

16. Total Depth MD 12254 TVD\*\* 7541 17 Plug Back Total Depth MD 12236 TVD\*\* 7540

18. Elevations GR 5103 KB 5117

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	1,027	369	0	1,027	VISU
1ST	8+3/4	7	26	0	7,981	800	68	7,981	CBL
1ST LINER	6+1/8	4+1/2	11.6	6608	12,245				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	7,285		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,369		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,972		<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 MALEFYTTitle: REGULATORY ANALYST Date: 7/8/2013 Email: RSCDJPOSTDRILL@ANADARKO.COM**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400443950	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400443921	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>					
400443897	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400443923	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400443924	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400443926	PDF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400443927	LAS-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400443929	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400443930	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Per operator input Codell top.	9/25/2013 6:59:18 AM
Engineer	Requested Codell top since that was the target formation.	9/19/2013 12:11:13 PM
Permit	Corrected TPZ footage to sec 14. Name change on well from 2N-14HZ (on cement ticket) Ready to pass.	9/17/2013 2:42:18 PM

Total: 3 comment(s)