

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:

1906264

Date Received:

04/09/2010

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: CINDY VUE

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6832

3. Address: P O BOX 173779 ATTN: PHI

Fax: (720) 929-7832

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-29925-00

6. County: WELD

7. Well Name: COMMONS

Well Number: 4-19

8. Location: QtrQtr: NWNW Section: 19 Township: 1N Range: 68W Meridian: 6

Footage at surface: Distance: 1259 feet Direction: FNL Distance: 1256 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 645 feet. Direction: FNL Dist.: 665 feet. Direction: FWL

Sec: 19 Twp: 1N Rng: 68W

** If directional footage at Bottom Hole Dist.: 692 feet. Direction: FNL Dist.: 730 feet. Direction: FWL

Sec: 19 Twp: 1N Rng: 68W

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) 10/17/2009 13. Date TD: 10/20/2009 14. Date Casing Set or D&A: 10/22/2009

15. Well Classification:

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

16. Total Depth MD 8468 TVD** 8390 17 Plug Back Total Depth MD 8418 TVD** 8340

18. Elevations GR 5041 KB 5056

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:

NO LOGS, SEE COMMENTS. 1 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		0	920	309	0	920	
1ST	7+7/8	4+1/2		0	8,455	215	7,118	8,456	CBL
S.C. 1.1						570	1,925	5,653	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	4,050		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,620		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,253		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,472		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,895		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,896		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,330		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

SURFACE 920. SET DV TOOL 10/21/09 @ 5653'8/13/2013

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

Signed: Y _____ Print Name: CINDY VUE _____

Title: REGULATORY ANALYST I Date: 11/17/2009 Email: CINDY.VUE@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2070934	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"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)