

FORM 5
Rev 09/14

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:
400755220

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

OGCC Operator Number: 47120 Contact Name: REBECCA HEIM
Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6361
Address: P O BOX 173779 Fax: (720) 929-7361
City: DENVER State: CO Zip: 80217-

API Number 05-123-14378-00 County: WELD
Well Name: UPRR 43 PAN AM Y Well Number: 1
Location: QtrQtr: NENE Section: 25 Township: 1N Range: 68W Meridian: 6
Footage at surface: Distance: 1020 feet Direction: FNL Distance: 1070 feet Direction: FEL
As Drilled Latitude: 40.026660 As Drilled Longitude: -104.946380

GPS Data:
Date of Measurement: 09/21/2007 PDOP Reading: 2.4 GPS Instrument Operator's Name: Cody Mattson

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:
** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:

Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/19/1989 Date TD: Date Casing Set or D&A:
Rig Release Date: 10/30/1989 Per Rule 308A.b.

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

Total Depth MD 8646 TVD** Plug Back Total Depth MD TVD**

Elevations GR 5139 KB 5149 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CASING, LINER AND CEMENT

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	995	490	0	995	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/05/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	5,060	15	4,906	5,065

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Comment:

FORM 5 FOR REMEDIAL CEMENT JOB.

VERBAL: From: Urbanek, Tom [New Tech Engineering]

To: Schlagenhauf - DNR, Mark

Subject: RE: Casing Leak UPRR 43 Pan Am Y 1

Date: Friday, September 05, 2014 10:28:26 AM

It's a 30 sk minimum order, but when I talked to the rig operator, he's going to pump 10-15 sks.

--Tom

From: Schlagenhauf - DNR, Mark [mailto:mark.schlagenhauf@state.co.us]

Sent: Friday, September 05, 2014 10:09 AM

To: Urbanek, Tom [New Tech Engineering]

Subject: Re: Casing Leak UPRR 43 Pan Am Y 1

Tom,

Thanks for letting us know. How many sacks are you pumping?

You don't need to run a CBL. And I looked at the existing CBL

and you already have cement @ 5030'-if you are recementing

without increasing the length of cemented interval you don't

even have to submit a form 5 afterwards.

Just email me back with # of sacks for the plug and I will put

a note in the file and we should be done.

Mark Schlagenhauf P.E.

Northeastern Engineer

On Fri, Sep 5, 2014 at 7:46 AM, Urbanek, Tom [New Tech Engineering] <Tom.Urbane@anadarko.com> wrote:

Mark,

API: 0512314378

We found a casing leak at 5030'.

We're going to pump a 50/50 Poz G balance plug today and wait on it over the weekend.

Do we need to run a CBL on it afterwards?

Thanks,

--Tom Urbanek

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: SR. REGULATORY ANALYST _____

Date: _____

Email: rscdjpostdrill@anadarko.com _____

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400755249	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400755247	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400755248	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)