

FORM
5Rev
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:

400784411

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 05-123-12700-00

County: WELD

Well Name: BIERIG-UPRR

Well Number: 42-35

Location: QtrQtr: SENE Section: 35 Township: 4N Range: 66W Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FNL Distance: 780 feet Direction: FEL

As Drilled Latitude: 40.270239 As Drilled Longitude: -104.737533

GPS Data:

Date of Measurement: 10/02/2008 PDOP Reading: 2.6 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: 67104

Spud Date: (when the 1st bit hit the dirt) 10/08/1985 Date TD: Date Casing Set or D&A:

Rig Release Date: 10/14/1985 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7386 TVD** Plug Back Total Depth MD 7355 TVD**

Elevations GR 4806 KB 4816 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 | 342 | 260 | 0 | 342 | CALC |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/17/2014

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| 1 INCH | 1ST | 1,465 | 466 | 100 | 1,670 |

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.

In our (Sanjel's) service report it says there was cement returns to surface at 110 bbls pumped or 466 sacks. The engineering proposal showed 565 sacks as the calculated amount to pump. Therefore 565 sacks was the amount sent to location, but as there were cement returns to surface we stopped pumping cement earlier than expected. Please let me know if you have any further questions.

Thanks,
-Matt

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 ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400784417 | 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> | | | | | |
| 400784413 | OPERATIONS SUMMARY | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400784415 | GYRO SURVEY | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400784416 | WELLBORE DIAGRAM | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400784418 | PDF-CBL 1ST RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400784420 | PDF-CBL 2ND RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

User Group

Comment

Comment Date

| | | |
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Total: 0 comment(s)