

FORM  
5Rev  
09/14State 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:

400805457

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 &amp; GAS ONSHORE LP

Phone: (720) 929-6361

Address: P O BOX 173779

Fax: (720) 929-7361

City: DENVER State: CO Zip: 80217-

API Number 05-123-17932-00

County: WELD

Well Name: ENDSLEY

Well Number: 32-1J5

Location: QtrQtr: NENE Section: 32 Township: 3N Range: 65W Meridian: 6

Footage at surface: Distance: 661 feet Direction: FNL Distance: 671 feet Direction: FEL

As Drilled Latitude: 40.187818 As Drilled Longitude: -104.679677

GPS Data:

Date of Measurement: 03/09/2015 PDOP Reading: 6.0 GPS Instrument Operator's Name: RH

\*\* 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) 02/03/1994 Date TD: Date Casing Set or D&amp;A:

Rig Release Date: 02/07/1994 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7430 TVD\*\* Plug Back Total Depth MD 7338 TVD\*\*

Elevations GR 4887 KB 4898 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          | 23    | 0             | 765           | 445       | 0       | 765     | CALC   |

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/04/2015

|             |        |                                   |               |            |               |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
| 1 INCH      | 1ST    | 1,515                             | 270           | 320        | 1,520         |

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. "As Built" submitted via spreadsheet by Noble so date, PDOP and Operator Name are not available

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 ?  |
|-----------------------------|-----------------------|---|
| <b>Attachment Checklist</b> |                       |   |
| 400805462                   | 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"/> |
| <b>Other Attachments</b>    |                       |   |
| 400805459                   | OPERATIONS SUMMARY    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400805460                   | GYRO SURVEY           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400805461                   | WELLBORE DIAGRAM      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400805463                   | PDF-CEMENT BOND       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

**General Comments**

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)