

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:
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 & 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&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 ?	
<u>Attachment Checklist</u>			
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"/>
<u>Other Attachments</u>			
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

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

Total: 0 comment(s)