

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:

400887452

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 05-123-07740-00

County: WELD

Well Name: FRANCIS D. CLARK UNIT B

Well Number: 1

Location: QtrQtr: SWSW Section: 14 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 1120 feet Direction: FSL Distance: 990 feet Direction: FWL

As Drilled Latitude: 40.046853 As Drilled Longitude: -104.863758

GPS Data:

Date of Measurement: 07/23/2008 PDOP Reading: 3.0 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) 07/10/1973 Date TD: Date Casing Set or D&A:

Rig Release Date: 07/17/1973 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8156 TVD** Plug Back Total Depth MD 8102 TVD**

Elevations GR 4984 KB 4994 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	219	175	0	219	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/30/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	1ST	1,541	470	835	1,541
1 INCH	1ST	887	25	560	890
SQUEEZE	1ST	835	25	269	890

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

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>		
400888786	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>		
400887504	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400887506	GYRO SURVEY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400887507	PDF-CBL 2ND RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400889890	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400890131	PDF-CBL 1ST 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)