

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:

400921792

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 05-123-21255-00

County: WELD

Well Name: POWERS

Well Number: 12-22

Location: QtrQtr: SWNW Section: 22 Township: 2N Range: 65W Meridian: 6

Footage at surface: Distance: 2200 feet Direction: FNL Distance: 463 feet Direction: FWL

As Drilled Latitude: 40.125681 As Drilled Longitude: -104.657833

## GPS Data:

Date of Measurement: 10/21/2015 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) 01/11/2003 Date TD: Date Casing Set or D&amp;A:

Rig Release Date: 01/16/2003 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 7960 TVD\*\* Plug Back Total Depth MD 7920 TVD\*\*

Elevations GR 4886 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	24	0	803	565	0	803	CALC

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/19/2006

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	1ST	900	247	250	920

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 PERFORMED BY NOBLE IN 2006. "As Built" submitted via spreadsheet by Noble so date, PDOP and Operator Name are not available

To: Kuzio, Kevin  
Cc: Light, Cheryl; Heim, Rebecca  
Subject: Re: Powers 12-22 COA  
Date: Tuesday, October 20, 2015 4:33:02 PM

Thanks Kevin,  
Easiest way to resolve it is again to have Regulatory submit the form 5 with the attachments you sent in. Then everything gets processed normally and there are no questions later on.

On Tue, Oct 20, 2015 at 3:56 PM, Kuzio, Kevin <Kevin.Kuzio@anadarko.com> wrote:

Mark,  
I would like to request that the COA listed above be removed because of the annular fill completed by Noble prior to re-completing the Codell in 2006. It however does not look like they filed the Form 5 or submitted the CBL. The additional cement provides coverage from 920'-250', which is below the deepest water well within 1 mile of 800'. Attached are:

- CBL
- Post WBD
- Daily Rig Reports
- Vendors report for the rig, tool companies and cementing company (BJ)

Thanks for considering this request,  
Kevin Kuzio  
GWA Safety Prep Engineer  
Kevin.Kuzio@anadarko.com  
O: 970.339.1028

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>			
400921802	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>			
400921800	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400921801	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400921803	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)