

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



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Document Number:

400993227

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: DOREEN GREEN

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP

Phone: (435) 781-9758

Address: P O BOX 173779

Fax:

City: DENVER

State: CO

Zip: 80217-

API Number 05-123-21220-00

County: WELD

Well Name: INOUYE

Well Number: 15-31A

Location: QtrQtr: NESW Section: 31 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 1475 feet Direction: FSL Distance: 2040 feet Direction: FWL

As Drilled Latitude: 40.091417 As Drilled Longitude: -104.822714

GPS Data:

Date of Measurement: 06/13/2006 PDOP Reading: 2.0 GPS Instrument Operator's Name: Steve Fisher

** If directional footage at Top of Prod. Zone Dist.: 511 feet. Direction: FSL Dist.: 2110 feet. Direction: FEL

Sec: 31 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 511 feet. Direction: FSL Dist.: 2110 feet. Direction: FEL

Sec: 31 Twp: 2N Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/21/2002 Date TD: Date Casing Set or D&A:

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

Well Classification:

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

Total Depth MD 8451 TVD** 8056 Plug Back Total Depth MD 8412 TVD** 8017

Elevations GR 4885 KB 4901 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	825	343	0	825	CALC
1ST	7+7/8	4+1/2	11.6	0	8,442	300	6,430	8,442	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/20/2016

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	1,505	220	480	1,500

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:

BRADENHEAD-ANNULAR FILL

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: DOREEN GREEN

Title: REGULATORY ANALYST

Date: _____

Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400993234	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"/>
400993230	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400993229	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400993231	GYRO SURVEY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400993232	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400993233	OPERATIONS SUMMARY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group Comment****Comment Date**

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Total: 0 comment(s)