

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:
400999901

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 05-123-11772-00 County: WELD
Well Name: CROISSANT(FARMOIL) Well Number: 2
Location: QtrQtr: SWSE Section: 20 Township: 5N Range: 67W Meridian: 6
Footage at surface: Distance: 660 feet Direction: FSL Distance: 1980 feet Direction: FEL
As Drilled Latitude: 40.379614 As Drilled Longitude: -104.915140

GPS Data:
Date of Measurement: 03/01/2007 PDOP Reading: 2.0 GPS Instrument Operator's Name: Chris Fisher

** 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: 67997

Spud Date: (when the 1st bit hit the dirt) 04/13/1984 Date TD: _____ Date Casing Set or D&A: _____
Rig Release Date: 04/21/1984 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 7281 TVD** _____ Plug Back Total Depth MD 7260 TVD** _____

Elevations GR 4863 KB 4878 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	341	215	0	341	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/21/2016

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	5,527	85	5,391	5,591
SQUEEZE	1ST	4,473	40	4,407	4,438

Details of work:

RBP left in hole @ 6700 due to obstructions on top and inability to fish RBP. Plan on P&A this well.

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:

A HZ SAFETY PREP WITH LONG TERM PACKER WAS INITIAL WORK TO BE PERFORMED. CASING LEAKS WERE FOUND AND REMEDIAL CEMENT WORK WAS DONE. VERBAL APPROVAL WAS GIVEN 01/15/2016 TO PROCEED. AFTER COMPLETING THIS WELL WORK THE DECISION HAS BEEN MADE TO PA THE WELL, THE FORM 6 IS CURRENTLY IN THE INTERNAL PROCESS.

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@ANADRKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400999917	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400999918	CORRESPONDENCE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401000343	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401000344	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)