

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



Document Number:

400847461

Date Received:

06/12/2015

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-123-14612-00 County: WELD  
Well Name: UPRR 22 PAN AM UT/U/ Well Number: 2  
Location: QtrQtr: NWNW Section: 21 Township: 3N Range: 65W Meridian: 6  
Footage at surface: Distance: 1040 feet Direction: FNL Distance: 1010 feet Direction: FWL  
As Drilled Latitude: 40.215333 As Drilled Longitude: -104.674263

## GPS Data:

Date of Measurement: 09/07/2006 PDOP Reading: 4.3 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: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 05/11/1990 Date TD: 05/18/1990 Date Casing Set or D&A: \_\_\_\_\_Rig Release Date: 05/29/2015 Per Rule 308A.b.

## Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 7906 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 7810 TVD\*\* \_\_\_\_\_Elevations GR 4854 KB 4864 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	693	450	0	693	VISU

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/28/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	4,880	330	4,184	4,935
1 INCH	1ST	1,320	210	515	1,360

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	

Operator Comments

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: 6/12/2015 Email: rscdjpostdrill@anadarko.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400847467	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"/>
<b><u>Other Attachments</u></b>			
400847461	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400847465	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400847466	GYRO SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400847468	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400853044	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Remedial cement repair; all required attachments are present. <ul style="list-style-type: none"><li>• Corrected the "Date Rig Released" per the Operations Summary</li><li>• Corrected the surface string casing "Status" to VISU</li><li>• Updated "Date TD" per the original Well Completion Report</li></ul>	09/20/2018
Permit	Gyro Survey: updated deviation indicator. well logs & attachments have slight difference in well name, but verified that they belong to this well (API, lat/long same) Passed permit review	08/23/2018

Total: 2 comment(s)