

FORM  
5

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400080042

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

1. OGCC Operator Number: 47120 4. Contact Name: Cindy Vue  
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832  
 3. Address: P O BOX 173779 Fax: (720) 929-7832  
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-16749-00 6. County: WELD  
 7. Well Name: HSR LOEFFLER Well Number: 8-27  
 8. Location: QtrQtr: SENE Section: 27 Township: 5N Range: 65W Meridian: 6  
 Footage at surface: Direction: FNL Distance: 2114 Direction: FEL Distance: 800  
 As Drilled Latitude: 40.371732 As Drilled Longitude: -104.642774  
 GPS Data:  
 Data of Measurement: 03/10/2009 PDOP Reading: 2.6 GPS Instrument Operator's Name: Renee Doiron  
 \*\* If directional footage  
 at Top of Prod. Zone Distance: \_\_\_\_\_ Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ Direction: \_\_\_\_\_  
 at Bottom Hole Distance: \_\_\_\_\_ Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ Direction: \_\_\_\_\_  
 9. Field Name: WATTENBERG 10. Field Number: 90750  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 02/02/1993 13. Date TD: 02/06/1993 14. Date Casing Set or D&A: 06/23/1993

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

16. Total Depth MD 7218 TVD \_\_\_\_\_ 17 Plug Back Total Depth MD 7176 TVD \_\_\_\_\_

18. Elevations GR 4658 KB 4648 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:  
CBL, DIL/SFL/GR, DEN/CNL/GR

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24#/FT	400	270	400	0
1ST	7+7/8	4+1/2	11.6#/FT	7,208	200	7,208	6,080

REMEDIAL CEMENT

Cement work date: 02/09/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	1ST	4,640	280	3,720	4,640

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	6,729		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,039		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,060		<input type="checkbox"/>	<input type="checkbox"/>	

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

Signed: \_\_\_\_\_ Print Name: Cindy Vue

Title: Regulatory Analyst II Date: \_\_\_\_\_ Email: Cindy.Vue@anadarko.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name	Doc Description
400083033	CMT SUMMARY	LOEFFLER 8-27 CMT SQUEEZE WORK TICKET.pdf

Total Attach: 1 Files