

FORM
5Rev
02/08State of Colorado
Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

400083059

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 05-123-11984-00

6. County: WELD

7. Well Name: BOHLENDER

Well Number: 1

8. Location: QtrQtr: NWNW Section: 27 Township: 4N Range: 65W Meridian: 6

Footage at surface: Direction: FNL Distance: 1215 Direction: FWL Distance: 690

As Drilled Latitude: 40.287219 As Drilled Longitude: -104.656573

GPS Data:

Data of Measurement: 04/12/2006 PDOP Reading: 2.8 GPS Instrument Operator's Name: Steve Fisher

** 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: 61570

12. Spud Date: (when the 1st bit hit the dirt) 09/12/1984 13. Date TD: 09/20/1984 14. Date Casing Set or D&A: 10/11/1984

15. Well Classification:

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

16. Total Depth MD 7719 TVD 17 Plug Back Total Depth MD 7666 TVD

18. Elevations GR 4765 KB 4776

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:

SBL

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	434	200	434	0
1ST	7+7/8	4+1/2	11.6#/ft	7,716	270	7,716	6,650

REMEDIAL CEMENT

Cement work date: 05/04/2009

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	1ST	4,700	235	4,310	4,840
PERF & PUMP	1ST	3,230	220	2,865	3,210

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	
SHANNON	5,340		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,828		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,122		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,592		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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
400083896	OPERATIONS SUMMARY	Cmt Squeeze Summary.pdf
400083897	CMT SUMMARY	Cmt Squeeze Tkt 5-4-09.pdf
400083898	CMT SUMMARY	Cmt Squeeze Tkt 5-5-09.pdf
400083899	CMT SUMMARY	Cmt Squeeze Tkt 5-6-09.pdf
400083900	CMT SUMMARY	Cmt Squeeze Tkt 5-11-09.pdf

Total Attach: 5 Files