

**FORM**  
**5**Rev  
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:

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**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: Kenny Trueax  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6383  
3. Address: P O BOX 173779 Fax: (720) 929-7383  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31230-00 6. County: WELD  
7. Well Name: NRC Well Number: 37-8  
8. Location: QtrQtr: SWSE Section: 8 Township: 1N Range: 67W Meridian: 6  
Footage at surface: Direction: FSL Distance: 1043 Direction: FEL Distance: 1365  
As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_  
GPS Data:  
Data of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_  
\*\* If directional footage  
at Top of Prod. Zone Distance: 71 Direction: FSL Distance: 1329 Direction: FEL  
at Bottom Hole Distance: 66 Direction: FSL Distance: 1365 Direction: FEL  
9. Field Name: SPINDLE 10. Field Number: 77900  
11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 06/30/2010 13. Date TD: 07/03/2010 14. Date Casing Set or D&A: 07/04/2010

15. Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8426 TVD 8301 17 Plug Back Total Depth MD 8380 TVD 825518. Elevations GR 5056 KB 5071 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:

Preliminary Form 5

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#	1,005	630	1,005	0
S.C. 1.1	7+7/8	4+1/2	11.6#	8,426	490	8,426	7,110
S.C. 1.2	7+7/8	4+1/2	11.6#	4,355	508	4,355	905

### REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Details of work: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	4,355	998	905	8,426

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	
PARKMAN	4,360		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,792		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,508		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,824		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,845		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,287		<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: Kenny Trueax

Title: Regulatory Analyst II Date: \_\_\_\_\_ Email: Kenny.Trueax@anadarko.com

Based on the information provided herein, this Drilling Completion Report (Form 5) 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
400086010	DIRECTIONAL SURVEY	KERR MCGEE NRC 37-8 Final Plot & Survey (07.28.10).pdf
400086011	CMT SUMMARY	NRC 37-8 SFC CMT TICKET.pdf

Total Attach: 2 Files