

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



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

400091565

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 05-123-21423-00 6. County: WELD  
7. Well Name: POWERS Well Number: 11-23A  
8. Location: QtrQtr: NESW Section: 23 Township: 2N Range: 65W Meridian: 6  
Footage at surface: Direction: FSL Distance: 2174 Direction: FWL Distance: 2180  
As Drilled Latitude: 40.122793 As Drilled Longitude: -104.632885

GPS Data:

Data of Measurement: 01/06/2006 PDOP Reading: 2.0 GPS Instrument Operator's Name: Chris 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: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 04/28/2003 13. Date TD: 05/02/2003 14. Date Casing Set or D&A: 05/14/2003

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7826 TVD \_\_\_\_\_ 17 Plug Back Total Depth MD 7777 TVD \_\_\_\_\_

18. Elevations GR 4900 KB 4916

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:

VDL-CCL-GR-CBL run 8/3/10 for squeeze

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	924	370	924	0
S.C. 1.1	7+7/8	4+1/2	11.6	7,792	210	7,792	6,590

ADDITIONAL CEMENT

Cement work date: 07/28/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	S.C. 1.1	4,820	160	4,200	4,821

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	
SUSSEX	4,380		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,933		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,163		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,185		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,626		<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 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
400091578	CMT SUMMARY	POWERS 11-23A Squeeze Cement Ticket 7-28-10.pdf

Total Attach: 1 Files