

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:

400091565

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 05-123-21423-00

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