

**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:

400089357

**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 05-123-19963-00 6. County: WELD  
7. Well Name: HSR GRANT BROTHERS Well Number: 10-31  
8. Location: QtrQtr: NWSE Section: 31 Township: 2N Range: 67W Meridian: 6  
Footage at surface: Direction: FSL Distance: 1860 Direction: FEL Distance: 2006  
As Drilled Latitude: 40.092847 As Drilled Longitude: -104.931103

## GPS Data:

Data of Measurement: 09/04/2008 PDOP Reading: 2.4 GPS Instrument Operator's Name: Cody Mattson

## \*\* If directional footage

at Top of Prod. Zone Distance: 1516 Direction: FSL Distance: 1509 Direction: FEL  
Sec: 31 Twp: 2N Rng: 67W  
at Bottom Hole Distance: 1516 Direction: FSL Distance: 1509 Direction: FEL  
Sec: 31 Twp: 2N Rng: 67W

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) 07/24/2000 13. Date TD: 07/30/2000 14. Date Casing Set or D&A: 08/08/2000

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8342 TVD 8272 17 Plug Back Total Depth MD 8294 TVD 822418. Elevations GR 5019 KB 5030

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:

GR-CCL-CBL-VDL run 7/28/10 for cement 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	728	510	728	0
1ST	7+7/8	4+1/2	11.6	8,308	440	8,308	6,870

### ADDITIONAL CEMENT

Cement work date: 07/21/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,583	250	3,765	5,589
SQUEEZE	S.C. 1.1	7,084	30	6,850	7,084

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	4,652		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,170		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,456		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,730		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,762		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,118		<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
400089376	CMT SUMMARY	Squeeze Cement Ticket 7-21-10.pdf

Total Attach: 1 Files