

**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



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Document Number:

2511632

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) 9296832
3. Address: P O BOX 173779 Fax: (720) 9297832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-08287-00 6. County: WELD
7. Well Name: WILLIAM F SCHMIDT GAS UT Well Number: 1
8. Location: QtrQtr: SWSW Section: 8 Township: 1N Range: 66W Meridian: 6
Footage at surface: Distance: 990 feet Direction: FSL Distance: 1250 feet Direction: FWL
As Drilled Latitude: 40.061177 As Drilled Longitude: -104.805999

GPS Data:

Data of Measurement: 02/23/2007 PDOP Reading: 3.8 GPS Instrument Operator's Name: STEVE FISHER

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

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) 02/17/1975 13. Date TD: 02/25/1975 14. Date Casing Set or D&A: _____

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8068 TVD _____ 17 Plug Back Total Depth MD 8008 TVD _____18. Elevations GR 4929 KB 4939

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-CB-VDL RUN 9/11/2008 FOR SQUEEZE.

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	202	175	0	202	CALC
1ST	7+7/8	4+1/2		0	8,068	450	100	8,068	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	7,160	100	7,055	7,400
SQUEEZE	1ST	950	440	0	1,000

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	
NIOBRARA	7,235		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,472		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,914		<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 ANALYSTII Date: 8/10/2010 Email: CINDY.VUE@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
2511632	FORM 5 SUBMITTED
2511633	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)