

**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:

2511926

**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 05-123-18322-00 6. County: WELD  
7. Well Name: FOE Well Number: 43-20  
8. Location: QtrQtr: NESE Section: 20 Township: 6N Range: 64W Meridian: 6  
Footage at surface: Distance: 2144 feet Direction: FSL Distance: 523 feet Direction: FEL  
As Drilled Latitude: 40.470089 As Drilled Longitude: -104.566458

## GPS Data:

Data of Measurement: 08/13/2009 PDOP Reading: 1.7 GPS Instrument Operator's Name: CODY MATTSON

## \*\* 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: 59254

12. Spud Date: (when the 1st bit hit the dirt) 12/26/1994 13. Date TD: 12/30/1994 14. Date Casing Set or D&A: 12/30/1994

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7096 TVD \_\_\_\_\_ 17 Plug Back Total Depth MD 7006 TVD \_\_\_\_\_18. Elevations GR 4729 KB 4739

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 3/20/08 FOR CASING REPAIR.

## 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	345	240	0	345	CALC
1ST	7+7/8	2+7/8		0	7,096	220	6,108	7,096	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	800	95	650	1,050
SQUEEZE	1ST	3,900	100	3,460	3,890

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	
CODELL	6,968		<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: 8/12/2010 Email: CINDY.VUE@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name
2511926	FORM 5 SUBMITTED
2511927	CEMENT JOB SUMMARY

Total Attach: 2 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)