

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



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DRILLING COMPLETION REPORT

Document Number:

400086307

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 05-123-31369-00 6. County: WELD  
7. Well Name: KERR-MCGEE Well Number: 13-3  
8. Location: QtrQtr: NWSW Section: 3 Township: 1N Range: 68W Meridian: 6  
Footage at surface: Distance: 1705 feet Direction: FSL Distance: 1117 feet Direction: FWL  
As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

GPS Data:

Data of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_

\*\* If directional footage

at Top of Prod. Zone Distance: 704 feet Direction: FSL Distance: 649 feet Direction: FWL  
Sec: 3 Twp: 1N Rng: 68W  
at Bottom Hole Distance: 680 feet Direction: FSL Distance: 643 feet Direction: FWL  
Sec: 3 Twp: 1N Rng: 68W

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) 07/12/2010 13. Date TD: 07/14/2010 14. Date Casing Set or D&A: 07/15/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8450 TVD 8350 17 Plug Back Total Depth MD 4188 TVD 4088

18. Elevations GR 5042 KB 5059

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:

PRELIMINARY FORM 5

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	24#	0	970	670	0	970	CALC
S.C. 1.1	7+7/8	4+1/2	11.6#	0	8,378	760	4,188	8,378	CBL

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	S.C. 1.1	8,378	760	4,188	8,378
DV TOOL	S.C. 1.2	4,188	495	970	4,188

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	
PARKMAN	4,205		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,690		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,200		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,550		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,874		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,896		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,326		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Preliminary Form 5

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: 8/20/2010 Email: Cindy.Vue@anadarko.com

**Attachment Check List**

Att Doc Num	Name
400086307	FORM 5 SUBMITTED
400086320	CEMENT JOB SUMMARY
400086321	DIRECTIONAL SURVEY

Total Attach: 3 Files

**General Comments**

User Group	Comment	Comment Date
Permit	req digital CBL log	1/6/2011 11:49:48 AM

Total: 1 comment(s)