

**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:

400146763

**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 05-123-31655-00 6. County: WELD  
7. Well Name: WINTERS Well Number: 35-3  
8. Location: QtrQtr: NWSW Section: 3 Township: 5N Range: 65W Meridian: 6  
Footage at surface: Distance: 1679 feet Direction: FSL Distance: 499 feet Direction: FWL  
As Drilled Latitude: 40.425657 As Drilled Longitude: -104.657106

## GPS Data:

Data of Measurement: 01/31/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 83 feet. Direction: FSL Dist.: 1387 feet. Direction: FWL  
Sec: 3 Twp: 5N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 92 feet. Direction: FSL Dist.: 1396 feet. Direction: FWL  
Sec: 3 Twp: 5N Rng: 65W

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) 01/16/2011 13. Date TD: 01/18/2011 14. Date Casing Set or D&A: 01/19/2011

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7475 TVD\*\* 7157 17 Plug Back Total Depth MD 7436 TVD\*\* 711818. Elevations GR 4632 KB 4648

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:

P/E AILC-CNDL-ML-CV/C-TC; CBL

## 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	547	350	0	547	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,465	935	145	7,465	CBL

### ADDITIONAL CEMENT

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

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

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	3,770		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,504		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,014		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,273		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,295		<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

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400146766	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

### General Comments

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

Total: 0 comment(s)