

**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:

400131923

**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: CARA MAHLER

2. Name of Operator: KERR-MCGEE OIL &amp; GAS ONSHORE LP

Phone: (720) 929-6029

3. Address: P O BOX 173779

Fax: (720) 929-7029

City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31335-00

6. County: WELD

7. Well Name: NRC

Well Number: 16-8

8. Location: QtrQtr: SWSE Section: 8 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 1043 feet Direction: FSL Distance: 1349 feet Direction: FEL

As Drilled Latitude: 40.061173 As Drilled Longitude: -104.909936

## GPS Data:

Data of Measurement: 08/04/2010 PDOP Reading: 2.8 GPS Instrument Operator's Name: RENEE DOIRON

\*\* If directional footage at Top of Prod. Zone Dist.: 638 feet. Direction: FSL Dist.: 674 feet. Direction: FEL

Sec: 8 Twp: 1N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 637 feet. Direction: FSL Dist.: 678 feet. Direction: FEL

Sec: 8 Twp: 1N Rng: 67W

9. Field Name: SPINDLE

10. Field Number: 77900

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/04/2010 13. Date TD: 07/07/2010 14. Date Casing Set or D&amp;A: 07/09/2010

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8660 TVD\*\* 8564 17 Plug Back Total Depth MD 8610 TVD\*\* 8514

18. Elevations GR 5057 KB 5072

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:

CB-GR-CCL, PE-ML, PE-CV-C, PE-CN-DL, PE-AI-LC

## 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	1,012	640	0	1,012	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,647	605	4,824	8,647	CBL

### ADDITIONAL CEMENT

Cement work date: 07/09/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	4,352	500	964	4,352

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	4,802		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,483		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,801		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,821		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,265		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	8,439		<input type="checkbox"/>	<input type="checkbox"/>	
LAKOTA	8,540		<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: CARA MAHLER

Title: REGULATORY ANALYST Date: 2/9/2011 Email: CARA.MAHLER@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"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400131923	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	REQ DIGITAL LOGS	5/19/2011 2:49:18 PM

Total: 1 comment(s)