

FORM
5Rev
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



DE ET OE ES

Document Number:

400176945

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-

5. API Number 05-123-31633-00 6. County: WELD
7. Well Name: OLIN FEDERAL Well Number: 25-31
8. Location: QtrQtr: SWNW Section: 31 Township: 3N Range: 66W Meridian: 6
Footage at surface: Distance: 1492 feet Direction: FNL Distance: 1280 feet Direction: FWL
As Drilled Latitude: 40.184230 As Drilled Longitude: -104.825167

GPS Data:

Data of Measurement: 05/03/2011 PDOP Reading: 2.9 GPS Instrument Operator's Name: Renee Doiron

** If directional footage

at Top of Prod. Zone Distance: 2532 feet Direction: FNL Distance: 2535 feet Direction: FWL
Sec: 31 Twp: 3N Rng: 66W
at Bottom Hole Distance: 2530 feet Direction: FNL Distance: 2545 feet Direction: FWL
Sec: 31 Twp: 3N Rng: 66W

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) 04/25/2011 13. Date TD: 04/28/2011 14. Date Casing Set or D&A: 04/29/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8171 TVD 7910 17 Plug Back Total Depth MD 8140 TVD 787918. Elevations GR 4829 KB 4844

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:

CD-CN-ML, HRI; 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	718	450	0	718	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,161	235	6,420	8,161	CBL

ADDITIONAL CEMENTCement work date: 04/29/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,387	675	330	5,387

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	4,020	4,200	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,464	4,650	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,032	5,090	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,296		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,542		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,566		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,006		<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

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400176951	DIRECTIONAL SURVEY
400176952	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments**User Group** **Comment** **Comment Date**

--	--	--

Total: 0 comment(s)