

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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Document Number:  
400162573

**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 & 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 05-123-32483-00 6. County: WELD  
 7. Well Name: DECHANT Well Number: 23-9  
 8. Location: QtrQtr: SWSW Section: 9 Township: 2N Range: 65W Meridian: 6  
 Footage at surface: Distance: 290 feet Direction: FSL Distance: 467 feet Direction: FWL  
 As Drilled Latitude: 40.146764 As Drilled Longitude: -104.676722

GPS Data:

Data of Measurement: 03/22/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: RENEE DOIRON

\*\* If directional footage at Top of Prod. Zone Dist.: 1306 feet. Direction: FSL Dist.: 2555 feet. Direction: FWL  
Sec: 9 Twp: 2N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 1307 feet. Direction: FSL Dist.: 2546 feet. Direction: FWL  
Sec: 9 Twp: 2N 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) 02/21/2011 13. Date TD: 02/24/2011 14. Date Casing Set or D&A: 02/26/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8336 TVD\*\* 7836 17 Plug Back Total Depth MD 8293 TVD\*\* 7793

18. Elevations GR 4894 KB 4909

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:

CBL-GR-CCL, CD-CN-GR, HRI

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	814	510	0	814	CALC
1ST	7+7/8	4+1/5	11.6#	0	8,327	1,065	3,692	8,327	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	1ST	3,694	625	710	3,692

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	4,752		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,442		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,696		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,718		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,164		<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: 5/6/2011 Email: CARA.MAHLER@ANADARKO.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400162574	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400162575	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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>			
400162573	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)