

**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:  
400164398

**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 05-123-32148-00 6. County: WELD  
 7. Well Name: WILDFLOWER Well Number: 16-27  
 8. Location: QtrQtr: NESE Section: 27 Township: 2N Range: 68W Meridian: 6  
 Footage at surface: Distance: 1963 feet Direction: FSL Distance: 657 feet Direction: FEL  
 As Drilled Latitude: 40.107675 As Drilled Longitude: -104.982223

GPS Data:

Data of Measurement: 04/13/2011 PDOP Reading: 2.8 GPS Instrument Operator's Name: RENEE DOIRON

\*\* If directional footage at Top of Prod. Zone Dist.: 657 feet. Direction: FSL Dist.: 669 feet. Direction: FEL  
 Sec: 27 Twp: 2N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 670 feet. Direction: FSL Dist.: 670 feet. Direction: FEL  
 Sec: 27 Twp: 2N Rng: 68W

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) 02/18/2011 13. Date TD: 02/23/2011 14. Date Casing Set or D&A: 02/24/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8345 TVD\*\* 8210 17 Plug Back Total Depth MD 8136 TVD\*\* 8001

18. Elevations GR 4969 KB 4983

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, SD-DSN-AC-TR

20. Casing, Liner and Cement:

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	42	0	90	54	0	90	CALC
SURF	12+3/4	8+5/8	24#	0	861	590	0	861	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,334	680	3,760	8,334	CBL

ADDITIONAL CEMENT

Cement work date: 02/24/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	3,635	410	1,064	3,635

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	4,446		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,462		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,736		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,756		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,183		<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: 5/12/2011 Email: CARA.MAHLER@ANADARKO.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400164405	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400164404	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>			
400164398	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	e-mailed Emily Carrender at Anadarko requesting LAS of SD/DSN/AC/TR	7/12/2011 10:07:51 AM

Total: 1 comment(s)