

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:

400184971

## 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 &amp; 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 05-123-32082-00

6. County: WELD

7. Well Name: BADDING

Well Number: 23-35

8. Location: QtrQtr: SESW Section: 35 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 1017 feet Direction: FSL Distance: 1647 feet Direction: FWL

As Drilled Latitude: 40.090117 As Drilled Longitude: -104.747858

## GPS Data:

Date of Measurement: 06/09/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 1360 feet. Direction: FSL Dist.: 2572 feet. Direction: FEL

Sec: 35 Twp: 2N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 1381 feet. Direction: FSL Dist.: 2589 feet. Direction: FEL

Sec: 35 Twp: 2N 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) 04/11/2011 13. Date TD: 04/13/2011 14. Date Casing Set or D&amp;A: 04/14/2011

## 15. Well Classification:

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

16. Total Depth MD 8320 TVD\*\* 8171 17 Plug Back Total Depth MD 8274 TVD\*\* 8125

18. Elevations GR 5107 KB 5122

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:

PRELIMINARY FORM 5

## 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	1,162	730	0	1,162	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,310	603	4,585	8,310	CALC

## ADDITIONAL CEMENT

Cement work date: 04/14/2011					
Details of work:					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	4,033	441	920	4,033

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	4,266		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,787		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,466		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,740		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,760		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,149		<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: 7/14/2011 Email: Cindy.Vue@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<b>Attachment Checklist</b>		
400184974	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400184973	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"/>
<b>Other Attachments</b>		
400184971	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Engineer	Preliminary Form 5, no CBL yet.	3/4/2011 2:17:45 PM
Permit	ATTACHED D.S. IS OKAY, NEED ALL LOGS.	3/2/2011 3:31:29 PM

Total: 2 comment(s)