

**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



DE ET OE ES

Document Number:

400187046

**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-

5. API Number 05-123-32046-00

6. County: WELD

7. Well Name: BADDING

Well Number: 22-35

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

Footage at surface: Distance: 1017 feet Direction: FSL Distance: 1597 feet Direction: FWL

As Drilled Latitude: 40.090117 As Drilled Longitude: -104.748033

## GPS Data:

Date of Measurement: 06/09/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: RENEE DOIRON

\*\* If directional footage at Top of Prod. Zone Dist.: 2613 feet. Direction: FSL Dist.: 1309 feet. Direction: FWL

Sec: 35 Twp: 2N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 2599 feet. Direction: FSL Dist.: 1304 feet. Direction: FWL

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) 04/30/2011 13. Date TD: 05/03/2011 14. Date Casing Set or D&amp;A: 05/04/2011

## 15. Well Classification:

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

16. Total Depth MD 8410 TVD\*\* 8147 17 Plug Back Total Depth MD 8370 TVD\*\* 8107

18. Elevations GR 5108 KB 5123

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	1,171	740	0	1,171	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,407	255	6,650	8,407	CALC

**ADDITIONAL CEMENT**

Cement work date: 05/03/2011					
Details of work:					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,304	610	895	5,304

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	4,898		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,522		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,780		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,803		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,260		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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: 7/19/2011 Email: CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400187054	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400187052	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>					
400187046	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.	9/1/2011 10:38:00 AM
Permit	ATTACHED D.S. OKAY, STILL NEED ALL LOGS.	8/3/2011 11:11:08 AM

Total: 2 comment(s)