

**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:

400202196

**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: Emily Carrender  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6282  
3. Address: P O BOX 173779 Fax: (720) 929-7282  
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-32844-00 6. County: WELD  
7. Well Name: SWEETGRASS Well Number: 33-14  
8. Location: QtrQtr: NWSW Section: 14 Township: 1N Range: 68W Meridian: 6  
Footage at surface: Distance: 2139 feet Direction: FSL Distance: 700 feet Direction: FWL  
As Drilled Latitude: 40.049869 As Drilled Longitude: -104.977506

## GPS Data:

Data of Measurement: 08/01/2011 PDOP Reading: 3.2 GPS Instrument Operator's Name: Renee Doiron

## \*\* If directional footage

at Top of Prod. Zone Distance: 1266 feet Direction: FSL Distance: 25 feet Direction: FWL  
Sec: 14 Twp: 1N Rng: 68W  
at Bottom Hole Distance: 1273 feet Direction: FSL Distance: 33 feet Direction: FWL  
Sec: 14 Twp: 1N Rng: 68W

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) 05/29/2011 13. Date TD: 05/31/2011 14. Date Casing Set or D&A: 06/01/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8570 TVD 8432 17 Plug Back Total Depth MD 8532 TVD 839418. Elevations GR 5105 KB 5120

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:

PRE 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	0	1,203	760	15	1,203	CALC
1ST	7+7/8	4+1/2	11.6	0	8,553	245	6,965	8,553	CBL

**ADDITIONAL CEMENT**Cement work date: 07/26/2011

Details of work:					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,922	705	1,097	5,922

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	4,361		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,759		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,374		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,577		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,415		<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: Emily Carrender

Title: Operation Specialist I Date: \_\_\_\_\_ Email: emily.carrender@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
400202205	DIRECTIONAL SURVEY
400202206	CEMENT JOB SUMMARY

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)