

**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:

400202973

**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 05-123-33297-00

6. County: WELD

7. Well Name: REI

Well Number: 35-10

8. Location: QtrQtr: SWSW Section: 10 Township: 3N Range: 65W Meridian: 6

Footage at surface: Distance: 439 feet Direction: FSL Distance: 447 feet Direction: FWL

As Drilled Latitude: 40.233825 As Drilled Longitude: -104.657778

## GPS Data:

Data of Measurement: 06/24/2011 PDOP Reading: 5.2 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 71 feet. Direction: FSL Dist.: 1397 feet. Direction: FWL

Sec: 10 Twp: 3N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 68 feet. Direction: FSL Dist.: 1421 feet. Direction: FWL

Sec: 10 Twp: 3N 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) 06/12/2011 13. Date TD: 06/14/2011 14. Date Casing Set or D&amp;A: 06/15/2011

## 15. Well Classification:

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

16. Total Depth MD 7870 TVD\*\* 7741 17 Plug Back Total Depth MD 7838 TVD\*\* 7709

18. Elevations GR 4816 KB 4831

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:

CD-CN-ML, HRI; CBL

## 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	767	480	0	767	VISU
1ST	7+7/8	4+1/2	11.6#	0	7,858	1,040	375	7,858	CBL

**ADDITIONAL CEMENT**

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	3,842		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,460	4,616	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,970		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,230		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,253		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,706		<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: 9/6/2011 Email: Cindy.Vue@anadarko.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400202982	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400202981	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>					
400202973	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	REQ DIGITAL CBL	10/3/2011 12:09:27 PM

Total: 1 comment(s)