

**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:

400215328

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 05-123-33685-00 6. County: WELD
7. Well Name: SHELTON Well Number: 22-1
8. Location: QtrQtr: SWNW Section: 1 Township: 3N Range: 65W Meridian: 6
Footage at surface: Distance: 2592 feet Direction: FNL Distance: 369 feet Direction: FWL
As Drilled Latitude: 40.254389 As Drilled Longitude: -104.619483

GPS Data:

Data of Measurement: 09/02/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Renee Doiron

** If directional footage

at Top of Prod. Zone Distance: 2540 feet Direction: FNL Distance: 1369 feet Direction: FWL
Sec: 1 Twp: 3N Rng: 65W
at Bottom Hole Distance: 2531 feet Direction: FNL Distance: 1349 feet Direction: FWL
Sec: 1 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) 08/20/2011 13. Date TD: 08/22/2011 14. Date Casing Set or D&A: 08/23/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7858 TVD 7719 17 Plug Back Total Depth MD 7832 TVD _____18. Elevations GR 4831 KB 4856

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	594	380	15	594	CALC
1ST	7+7/8	4+1/2	11.6	0	7,848	603	3,880	7,848	CALC

ADDITIONAL CEMENTCement work date: 08/23/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	3,811	510	190	3,811

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	4,119		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,554		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,994		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,218		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,302		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,700		<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
400215336	DIRECTIONAL SURVEY
400215337	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)