

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:

400213947

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 & 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 05-123-31949-00

6. County: WELD

7. Well Name: BADDING

Well Number: 27-26

8. Location: QtrQtr: SENE Section: 26 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 1464 feet Direction: FNL Distance: 1219 feet Direction: FEL

As Drilled Latitude: 40.112484 As Drilled Longitude: -104.739305

GPS Data:

Data of Measurement: 07/18/2011 PDOP Reading: 3.6 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 57 feet. Direction: FNL Dist.: 1343 feet. Direction: FEL

Sec: 26 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 53 feet. Direction: FNL Dist.: 1343 feet. Direction: FEL

Sec: 26 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) 06/28/2011 13. Date TD: 07/01/2011 14. Date Casing Set or D&A: 07/02/2011

15. Well Classification:

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

16. Total Depth MD 8319 TVD** 8113 17 Plug Back Total Depth MD 8287 TVD** 8081

18. Elevations GR 5067 KB 5082

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	1,160	710	15	1,160	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,310	240	6,700	8,310	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/02/2011					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,843	670	1,060	5,870
Details of work:					

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	4,348		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,759	5,051	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,420		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,689		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,713		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,171		<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: 10/12/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
400213947	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)