

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:

400238851

## 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 05-123-33741-00 6. County: WELD  
 7. Well Name: HOWARD Well Number: 16-29  
 8. Location: QtrQtr: SESE Section: 29 Township: 1N Range: 67W Meridian: 6  
 Footage at surface: Distance: 1077 feet Direction: FSL Distance: 1269 feet Direction: FEL  
 As Drilled Latitude: 40.017794 As Drilled Longitude: -104.909430

### GPS Data:

Data of Measurement: 10/12/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 526 feet. Direction: FSL Dist.: 744 feet. Direction: FEL

Sec: 29 Twp: 1N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 535 feet. Direction: FSL Dist.: 745 feet. Direction: FEL

Sec: 29 Twp: 1N Rng: 67W

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) 09/17/2011 13. Date TD: 10/01/2011 14. Date Casing Set or D&A: 10/03/2011

### 15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8455 TVD\*\* 8360 17 Plug Back Total Depth MD 8430 TVD\*\* 8335

18. Elevations GR 5023 KB 5038

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:

AC-TR-SD-DSN, CS-NGR; XRMI; MRIL; 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	1,217	760	15	1,217	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,444	68	8,048	8,444	CBL

#### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/03/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	8,034	987	1,132	8,034

Details of work:

21. Formation log intervals and test zones:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	4,398	4,598	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,728	5,048	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,414		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,812		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,834		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,270		<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: \_\_\_\_\_ Email: Cindy.Vue@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400238856	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400238855	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"/>

### General Comments

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

Total: 0 comment(s)