

**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:

400249020

**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 05-123-33377-00

6. County: WELD

7. Well Name: JOHNSTOWN FARMS

Well Number: 19-9

8. Location: QtrQtr: NESW Section: 9 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 1533 feet Direction: FSL Distance: 1410 feet Direction: FWL

As Drilled Latitude: 40.324256 As Drilled Longitude: -104.900989

## GPS Data:

Date of Measurement: 11/15/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 1323 feet. Direction: FSL Dist.: 1269 feet. Direction: FWL

Sec: 9 Twp: 4N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 1324 feet. Direction: FSL Dist.: 1269 feet. Direction: FWL

Sec: 9 Twp: 4N 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) 11/02/2011 13. Date TD: 11/05/2011 14. Date Casing Set or D&amp;A: 11/06/2011

## 15. Well Classification:

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

16. Total Depth MD 7340 TVD\*\* 7321 17 Plug Back Total Depth MD 7297 TVD\*\* 7278

18. Elevations GR 4780 KB 4795

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:

SD-DSN-AC-TR; 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	639	400	15	639	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,328	955	730	7,328	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: _____					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
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	3,501		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,031		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,558	4,640	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,948		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,170		<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: <u>Cindy Vue</u>
Title: <u>Regulatory Analyst II</u>	Date: _____ Email: <u>Cindy.Vue@anadarko.com</u>

### **Attachment Check List**

Att Doc Num	Document Name	attached ?
<b><u>Attachment Checklist</u></b>		
400249038	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400249037	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"/>
<b><u>Other Attachments</u></b>		
400249039	DIRECTIONAL DATA	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>

Total: 0 comment(s)