

**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:

400250631

**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 05-123-33192-00

6. County: WELD

7. Well Name: FEHRN

Well Number: 25-32

8. Location: QtrQtr: SENE Section: 32 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 1655 feet Direction: FNL Distance: 1131 feet Direction: FEL

As Drilled Latitude: 40.097334 As Drilled Longitude: -104.795666

## GPS Data:

Data of Measurement: 07/28/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 2570 feet. Direction: FNL Dist.: 2585 feet. Direction: FEL

Sec: 32 Twp: 2N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 2566 feet. Direction: FNL Dist.: 2605 feet. Direction: FEL

Sec: 32 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) 07/04/2011 13. Date TD: 07/07/2011 14. Date Casing Set or D&amp;A: 07/08/2011

## 15. Well Classification:

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

16. Total Depth MD 8372 TVD\*\* 8076 17 Plug Back Total Depth MD 8331 TVD\*\* 8035

18. Elevations GR 4916 KB 4932

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:

CBL 8/26/2011, SBL 10/21/2011, CBL 11/16/2011  
NO OPEN HOLE LOGS, BRIDGED OUT @ 990'.

## 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	918	580	16	918	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,362	240	8,050	8,362	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 07/08/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,755	710	890	5,980
SQUEEZE	1ST	7,530	110	7,530	8,010
SQUEEZE	1ST	7,386	50	7,386	7,530
SQUEEZE	1ST	7,350	80	7,344	7,385

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	4,284		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,657		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,460		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,734		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,773		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,205		<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>					
400250659	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400250663	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>					
400250665	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
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Total: 0 comment(s)