

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:

400257835

Date Received:

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 05-123-29502-00

6. County: WELD

7. Well Name: FRANK

Well Number: 35-31

8. Location: QtrQtr: SESW Section: 31 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 613 feet Direction: FSL Distance: 2046 feet Direction: FWL

As Drilled Latitude: 40.264428 As Drilled Longitude: -104.934392

GPS Data:

Data of Measurement: 06/08/2009 PDOP Reading: 2.9 GPS Instrument Operator's Name: Chris Pearson

** If directional footage at Top of Prod. Zone Dist.: 71 feet. Direction: FSL Dist.: 1303 feet. Direction: FWL

Sec: 31 Twp: 4N Rng: 67W

** If directional footage at Bottom Hole Dist.: 69 feet. Direction: FSL Dist.: 1310 feet. Direction: FWL

Sec: 31 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) 01/19/2009 13. Date TD: 01/24/2009 14. Date Casing Set or D&A: 01/25/2009

15. Well Classification:

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

16. Total Depth MD 7510 TVD** 7411 17 Plug Back Total Depth MD 7455 TVD** 7356

18. Elevations GR 4930 KB 4942

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:

CDN, DIL, 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	773	300	12	773	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,501	1,008	1,665	7,501	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:

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	3,668	3,960	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,668	3,960	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,663	4,810	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,068		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,333		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,355		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

THIS WELL IS ON THE KERR-MCGEE DELINQUENCY LIST. PLEASE ACCEPT THIS FORM 5 DOC 400257835 AS A FULL REPORT DESCRIBING ALL OF THE DRILLING COMPLETION EVENT. THE LOGS ARE BEING ORDERED AND WILL BE SENT IN AS SOON AS POSSIBLE. THANK YOU.

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>		
400257848	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input 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"/>
400257849	Logs	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
400257844	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400257845	TIF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400257846	TIF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400257850	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)