

**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:

400260255

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: Emily Carrender

2. Name of Operator: KERR-MCGEE OIL &amp; GAS ONSHORE LP

Phone: (720) 929-6282

3. Address: P O BOX 173779

Fax: (720) 929-7282

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-32809-00

6. County: WELD

7. Well Name: DECHANT

Well Number: 32-1

8. Location: QtrQtr: NESW Section: 1 Township: 2N Range: 65W Meridian: 6

Footage at surface: Distance: 2144 feet Direction: FSL Distance: 2517 feet Direction: FWL

As Drilled Latitude: 40.166043 As Drilled Longitude: -104.612492

## GPS Data:

Date of Measurement: 02/24/2012 PDOP Reading: 2.1 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 2537 feet. Direction: FSL Dist.: 35 feet. Direction: FWL

Sec: 1 Twp: 2N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 2544 feet. Direction: FSL Dist.: 34 feet. Direction: FWL

Sec: 1 Twp: 2N Rng: 65W

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) 01/11/2012 13. Date TD: 01/14/2012 14. Date Casing Set or D&amp;A: 01/14/2012

## 15. Well Classification:

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

16. Total Depth MD 7879 TVD\*\* 7274 17 Plug Back Total Depth MD 7847 TVD\*\* 7242

18. Elevations GR 4837 KB 4852

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:

PRE FORM 5

## 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	0	723	460	15	723	CALC
1ST	7+7/8	4+1/2	11.6	0	7,869	1,007	523	7,869	CALC

**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	4,200	4,400	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,650	4,850	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,410		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,612		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,689		<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: Emily Carrender
Title: Operation Specialist I	Date: _____ Email: emily.carrender@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400260263	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400260334	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>					
400260281	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)