

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:
400249201

Date Received:
02/06/2012

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 05-123-33375-00	6. County: WELD
7. Well Name: JOHNSTOWN FARMS	Well Number: 25-9
8. Location: QtrQtr: NESW Section: 9 Township: 4N Range: 67W Meridian: 6	
Footage at surface: Distance: 1592 feet Direction: FSL	Distance: 1424 feet Direction: FWL
As Drilled Latitude: 40.324416	As Drilled Longitude: -104.900935

GPS Data:

Data of Measurement: 11/15/2011 PDOP Reading: 1.8 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 2457 feet. Direction: FSL Dist.: 2515 feet. Direction: FEL

Sec: 9 Twp: 4N Rng: 67W

** If directional footage at Bottom Hole Dist.: 2461 feet. Direction: FSL Dist.: 2520 feet. Direction: FEL

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) 10/16/2011 13. Date TD: 10/18/2011 14. Date Casing Set or D&A: 10/19/2011

15. Well Classification:

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

16. Total Depth MD 7604 TVD** 7321 17 Plug Back Total Depth MD 7577 TVD** 7294

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:

CBL
NO OPEN HOLE LOGS.

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	638	400	15	638	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,594	990	400	7,594	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	3,816		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,241		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,667		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,053		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,390		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,402		<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: 2/6/2012 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400249207	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400249206	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>		
400249201	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400249208	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)