

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:

400212879

Date Received:

02/10/2012

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: CARA MAHLER

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

Phone: (720) 929-6029

3. Address: P O BOX 173779

Fax: (720) 929-7029

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-33339-00

6. County: WELD

7. Well Name: FRICO

Well Number: 2-15HZ

8. Location: QtrQtr: SWSW Section: 15 Township: 3N Range: 65W Meridian: 6

Footage at surface: Distance: 714 feet Direction: FSL Distance: 640 feet Direction: FWL

As Drilled Latitude: 40.220146 As Drilled Longitude: -104.657056

GPS Data:

Data of Measurement: 11/01/2011 PDOP Reading: 3.8 GPS Instrument Operator's Name: RENEE DOIRON

** If directional footage at Top of Prod. Zone Dist.: 1006 feet. Direction: FSL Dist.: 521 feet. Direction: FWL

Sec: 15 Twp: 3N Rng: 65W

** If directional footage at Bottom Hole Dist.: 469 feet. Direction: FNL Dist.: 1526 feet. Direction: FEL

Sec: 15 Twp: 3N 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) 08/24/2011 13. Date TD: 09/03/2011 14. Date Casing Set or D&A: 09/07/2011

15. Well Classification:

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

16. Total Depth MD 12417 TVD** 6979 17 Plug Back Total Depth MD 12363 TVD** 6979

18. Elevations GR 4795 KB 4812

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:

RADIAL BOND, L PLOT VH VERTICAL, L PLOT VH HORIZONTAL, PECNLD, PEAILC, HNGS, 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	13+1/2	9+5/8	36	0	932	690	0	932	VISU
1ST	8+3/4	7+0/0	26	0	7,363	700	1,350	7,363	CBL
1ST LINER	6+1/8	4+1/2	11.6	5972	12,409	238	6,630	12,409	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	
NIOBRARA	7,090		<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: CARA MAHLER

Title: REGULATORY ANALYST Date: 2/10/2012 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400219873	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400251058	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>					
400212879	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400251064	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Corrected Plug Back Total Depth TVD as per opr.	3/22/2012 4:22:35 PM

Total: 1 comment(s)