

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400254428

Date Received:

02/23/2012

## 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 &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 05-123-34063-00

6. County: WELD

7. Well Name: MORTON

Well Number: 24-1

8. Location: QtrQtr: NESE Section: 1 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 1371 feet Direction: FSL Distance: 953 feet Direction: FEL

As Drilled Latitude: 40.076517 As Drilled Longitude: -104.833356

## GPS Data:

Data of Measurement: 01/12/2012 PDOP Reading: 3.0 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 2605 feet. Direction: FSL Dist.: 1330 feet. Direction: FEL

Sec: 1 Twp: 1N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 2603 feet. Direction: FSL Dist.: 1331 feet. Direction: FEL

Sec: 1 Twp: 1N 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) 11/18/2011 13. Date TD: 11/21/2011 14. Date Casing Set or D&amp;A: 11/22/2011

## 15. Well Classification:

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

16. Total Depth MD 8237 TVD\*\* 8075 17 Plug Back Total Depth MD 8197 TVD\*\* 8035

18. Elevations GR 4898 KB 4913

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 RUN.

## 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             | 878           | 590       | 15      | 878     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6# | 0             | 8,227         | 44        | 7,980   | 8,227   | CBL    |

## STAGE/TOP OUT/REMEDIAL CEMENT

|                              |        |                                   |               |            |               |
|------------------------------|--------|-----------------------------------|---------------|------------|---------------|
| Cement work date: 11/22/2011 |        |                                   |               |            |               |
| Method used                  | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
| DV TOOL                      | 1ST    | 7,960                             | 1,005         | 280        | 7,960         |
| 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                               | 7,320          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL                                 | 7,617          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| J SAND                                 | 8,081          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

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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: 2/23/2012 Email: Cindy.Vue@anadarko.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 400254430                   | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis         | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400254431                   | 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>    |                       |            |                                     |    |                                     |
| 400254428                   | FORM 5 SUBMITTED      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400254433                   | DIRECTIONAL DATA      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

### General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)