

**FORM**  
**5**  
Rev  
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:  
400324614

Date Received:  
09/07/2012

**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: JOEL MALEFYT  
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6828  
 3. Address: P O BOX 173779 Fax: (720) 929-7828  
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-34291-00 6. County: WELD  
 7. Well Name: CHECKETTS Well Number: 21-15  
 8. Location: QtrQtr: SENW Section: 15 Township: 4N Range: 65W Meridian: 6  
 Footage at surface: Distance: 2502 feet Direction: FNL Distance: 2129 feet Direction: FWL  
 As Drilled Latitude: 40.312856 As Drilled Longitude: -104.651040

GPS Data:  
 Date of Measurement: 05/30/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 1300 feet. Direction: FNL Dist.: 2589 feet. Direction: FEL  
 Sec: 15 Twp: 4N Rng: 65W  
 \*\* If directional footage at Bottom Hole Dist.: 1303 feet. Direction: FNL Dist.: 2579 feet. Direction: FEL  
 Sec: 15 Twp: 4N 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) 05/14/2012 13. Date TD: 05/16/2012 14. Date Casing Set or D&A: 05/17/2012

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7823 TVD\*\* 7607 17 Plug Back Total Depth MD 7802 TVD\*\* 7586

18. Elevations GR 4728 KB 4743 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	522	330	15	522	CALC
1ST	7+7/8	4+1/2	11.6	0	7,823	1,040	197	7,823	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf 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	4,140		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,606		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,992		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,277		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,288		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,780		<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: JOEL MALEFYT

Title: REGULATORY ANALYST Date: 9/7/2012 Email: JOEL.MALEFYT@ANADARKO.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400324616	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400324615	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>			
400324614	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400324617	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)