

**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:  
400324622

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 05-123-34290-00 6. County: WELD  
 7. Well Name: CHECKETTS Well Number: 22-15  
 8. Location: QtrQtr: SENW Section: 15 Township: 4N Range: 65W Meridian: 6  
 Footage at surface: Distance: 2502 feet Direction: FNL Distance: 2097 feet Direction: FWL  
 As Drilled Latitude: 40.312856 As Drilled Longitude: -104.651152

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.: 2540 feet. Direction: FSL Dist.: 1328 feet. Direction: FWL  
 Sec: 15 Twp: 4N Rng: 65W  
 \*\* If directional footage at Bottom Hole Dist.: 2525 feet. Direction: FSL Dist.: 1342 feet. Direction: FWL  
 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) 05/21/2012 13. Date TD: 05/23/2012 14. Date Casing Set or D&A: 05/24/2012

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

16. Total Depth MD 7820 TVD\*\* 7705 17 Plug Back Total Depth MD 7550 TVD\*\* 7435

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; DSN-SD-AC-TR

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             | 527           | 330       | 15      | 527     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6  | 0             | 7,811         | 50        | 7,574   | 7,811   | CBL    |

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 05/22/2012

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| DV TOOL     | 1ST    | 7,550                             | 1,000         | 1,070      | 7,550         |

Details of work:

21. Formation log intervals and test zones:

| <b>FORMATION LOG INTERVALS AND TEST ZONES</b> |                |        |                          |                          |   |
|---|----------------|--------|--------------------------|--------------------------|---|
| FORMATION NAME                                | Measured Depth |        | Check if applies         |                          | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|   | Top            | Bottom | DST                      | Cored                    |   |
| PARKMAN                                       | 4,201          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SUSSEX  | 4,405          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA                                      | 6,926          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL  | 7,219          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| J SAND  | 7,684          |        | <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> |                       |   |  |
| 400324637                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400324636                   | 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>    |                       |   |  |
| 400324622                   | FORM 5 SUBMITTED      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400343937                   | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

### General Comments

| User Group | Comment   | Comment Date            |
|------------|---|-------------------------|
| Permit     | Attached corrected spreadsheet.   | 11/6/2012<br>3:36:06 PM |
| Permit     | Incorrect well name on directional data spreadsheet (but the numbers match the directional survey)<br>Requested digital logs. | 11/6/2012<br>3:07:58 PM |

Total: 2 comment(s)