

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



DE ET OE ES

Document Number:

400347298

Date Received:

## 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 05-123-34363-00 6. County: WELD  
 7. Well Name: CLARK Well Number: 35N-11HZ  
 8. Location: QtrQtr: NWNW Section: 11 Township: 1N Range: 66W Meridian: 6  
 Footage at surface: Distance: 480 feet Direction: FNL Distance: 470 feet Direction: FWL  
 As Drilled Latitude: 40.071857 As Drilled Longitude: -104.752040

### GPS Data:

Data of Measurement: 09/17/2012 PDOP Reading: 1.9 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 691 feet. Direction: FNL Dist.: 1331 feet. Direction: FWL  
 Sec: 11 Twp: 1N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 480 feet. Direction: FSL Dist.: 1321 feet. Direction: FWL  
 Sec: 11 Twp: 1N Rng: 66W

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) 02/29/2012 13. Date TD: 08/10/2012 14. Date Casing Set or D&A: 08/11/2012

### 15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11982 TVD\*\* 7385 17 Plug Back Total Depth MD 11971 TVD\*\* 7385

18. Elevations GR 5105 KB 5118

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; MUD LOG; GR; MPR-GR

### 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	1,217	900	13	1,217	CALC
1ST	8+3/4	7	26	0	7,834	935	775	7,834	CBL
1ST LINER	6+1/8	4+1/2	11.6	6783	11,972				CALC

**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	
SHARON SPRINGS	7,180		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,375		<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: \_\_\_\_\_ Email: JOEL.MALEFYT@ANADARKO.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400347328	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400347329	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"/>
<b><u>Other Attachments</u></b>			
400347331	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)