

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



DE ET OE ES

Document Number:

2611176

Date Received:

04/06/2010

## 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) 929-6000

3. Address: P O BOX 173779

Fax: (720) 929-7461

City: DENVER State: CO Zip: 80217-

5. API Number 05-001-09685-00

6. County: ADAMS

7. Well Name: PARTERRE

Well Number: 13-16

8. Location: QtrQtr: NWSW Section: 16 Township: 1S Range: 67W Meridian: 6

Footage at surface: Distance: 1515 feet Direction: FSL Distance: 1274 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

## GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage at Top of Prod. Zone Dist.: 584 feet. Direction: FSL Dist.: 611 feet. Direction: FWL

Sec: 16 Twp: 1S Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 581 feet. Direction: FSL Dist.: 608 feet. Direction: FWL

Sec: 16 Twp: 1S Rng: 67W

9. Field Name: SPINDLE

10. Field Number: 77900

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/20/2009 13. Date TD: 12/02/2009 14. Date Casing Set or D&amp;A: 12/03/2009

## 15. Well Classification:

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

16. Total Depth MD 8870 TVD\*\* 8741 17 Plug Back Total Depth MD 8790 TVD\*\* 8661

18. Elevations GR 5160 KB 5175

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:

P/E AILC-CNDL-TC-ML, 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	12+1/4	8+5/8		0	1,220	390	0	1,220	CALC
1ST	7+7/8	4+1/2		0	8,820	1,018	2,710	8,820	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	4,232		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,170		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,672		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,083		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,107		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,536		<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: Y Print Name: CINDY VUE

Title: REG ANALYST Date: 12/23/2009 Email: CINDY.VUE@ANADARKO.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2070921	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"/>

### General Comments

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

Total: 0 comment(s)