

**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:

400388165

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: Emily Carrender

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6282

3. Address: P O BOX 173779

Fax: (720) 929-7282

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-35848-00

6. County: WELD

7. Well Name: RAYMOND

Well Number: 38C-29HZ

8. Location: QtrQtr: NENE Section: 29 Township: 3N Range: 66W Meridian: 6

Footage at surface: Distance: 253 feet Direction: FNL Distance: 1266 feet Direction: FEL

As Drilled Latitude: 40.202412 As Drilled Longitude: -104.796130

GPS Data:

Data of Measurement: 11/05/2012 PDOP Reading: 2.6 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 676 feet. Direction: FNL Dist.: 414 feet. Direction: FEL

Sec: 29 Twp: 3N Rng: 66W

** If directional footage at Bottom Hole Dist.: 485 feet. Direction: FSL Dist.: 424 feet. Direction: FEL

Sec: 29 Twp: 3N 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) 08/18/2012 13. Date TD: 12/19/2012 14. Date Casing Set or D&A: 12/22/2012

15. Well Classification:

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

16. Total Depth MD 11944 TVD** 7401 17 Plug Back Total Depth MD 11920 TVD** 7401

18. Elevations GR 4926 KB 4943

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:

PRE FORM 5

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	0	945	690	17	945	CALC
1ST	8+3/4	7	26.0	0	7,827	750	744	7,827	CALC
1ST LINER	6+1/8	4+1/2	11.6	6828	11,929				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	7,176		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,298		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,723		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,864		<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: Emily CarrenderTitle: Regulatory Specialist I Date: _____ Email: emily.carrender@anadarko.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400388168	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400388167	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>					
400388169	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

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

--	--	--

Total: 0 comment(s)