

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:

400387364

Date Received:

03/04/2013

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 05-123-35946-00

6. County: WELD

7. Well Name: HUDSON

Well Number: 13C-35HZ

8. Location: QtrQtr: NWNW Section: 26 Township: 2N Range: 65W Meridian: 6

Footage at surface: Distance: 353 feet Direction: FNL Distance: 501 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.: 828 feet. Direction: FNL Dist.: 617 feet. Direction: FWL

Sec: 26 Twp: 2N Rng: 65W

** If directional footage at Bottom Hole Dist.: 489 feet. Direction: FSL Dist.: 729 feet. Direction: FWL

Sec: 35 Twp: 2N 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) 01/11/2013 13. Date TD: 02/13/2013 14. Date Casing Set or D&A: 02/14/2013

15. Well Classification:

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

16. Total Depth MD 16845 TVD** 7185 17 Plug Back Total Depth MD 15104 TVD** 7200

18. Elevations GR 4909 KB 4915

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	1,323	692	16	1,323	CALC
1ST	8+3/4	7	26.0	0	7,529	669	438	7,529	CALC
1ST LINER	6+1/8	4+1/2	11.6	6646	16,835				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	6,880		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,001		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,399		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,552		<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: 3/4/2013 Email: emily.carrender@anadarko.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400387366	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400387365	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>					
400387364	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400387367	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Asked operator to review footage calculations. I get: TZP 920 FNL, 336 FWL (sec 26) BHL 489 FSL, 414 FWL (sec 35) Both sets of footages are legal locations.	3/7/2013 11:53:47 AM

Total: 1 comment(s)