

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:  
400396544

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  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP  
3. Address: P O BOX 173779  
City: DENVER State: CO Zip: 80217-  
4. Contact Name: REBECCA HEIM  
Phone: (720) 929-6361  
Fax: (720) 929-7361

5. API Number 05-123-22313-00  
6. County: WELD  
7. Well Name: INDORF Well Number: 17-35  
8. Location: QtrQtr: SENE Section: 35 Township: 5N Range: 65W Meridian: 6  
Footage at surface: Distance: 1407 feet Direction: FNL Distance: 1252 feet Direction: FEL  
As Drilled Latitude: 40.359149 As Drilled Longitude: -104.625465

GPS Data:

Data of Measurement: 11/27/2006 PDOP Reading: 2.3 GPS Instrument Operator's Name: Steve Fisher

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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) 10/03/2004 13. Date TD: 10/03/2004 14. Date Casing Set or D&A:

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7625 TVD\*\* 17 Plug Back Total Depth MD 7555 TVD\*\*

18. Elevations GR 4675 KB 4687

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:

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	804	605	0	804	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/28/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	804	600	870	3,202

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5 FOR REMEDIAL CEMENT JOB

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: REBECCA HEIM

Title: REGULATORY Date: \_\_\_\_\_ Email: REBECCA.HEIM@ANADARKO.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400399354	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>Other Attachments</b>			
400396551	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400396552	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)