

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:

1927289

Date Received:

11/13/2008

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: MICHAEL NAGEL

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

Phone: (720) 929-6000

3. Address: P O BOX 173779 ATTN: REE

Fax: (720) 929-7461

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-24505-00

6. County: WELD

7. Well Name: BURCHFIELD

Well Number: 35-21

8. Location: QtrQtr: SWSW Section: 21 Township: 3N Range: 67W Meridian: 6

Footage at surface: Distance: 774 feet Direction: FSL Distance: 563 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.: 49 feet. Direction: FSL Dist.: 1255 feet. Direction: FWL

Sec: 21 Twp: 3N Rng: 67W

** If directional footage at Bottom Hole Dist.: 64 feet. Direction: FSL Dist.: 1246 feet. Direction: FWL

Sec: 21 Twp: 3N Rng: 67W

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) 08/15/2008 13. Date TD: 08/20/2008 14. Date Casing Set or D&A: 08/21/2008

15. Well Classification:

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

16. Total Depth MD 7815 TVD** 7659 17 Plug Back Total Depth MD 7777 TVD** 7621

18. Elevations GR 4789 KB 4801

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, CDL/CNL/ML, DIL/GL/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	12+1/4	8+5/8		0	891	390	0	891	
1ST	7+7/8	4+1/2		0	7,807	760	2,950	7,807	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	3,706	3,950	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,287	4,420	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,672	4,729	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,963		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,212		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,234		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,665		<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: MICHAEL NAGEL

Title: REGULATORY ANALYST II Date: 11/11/2008 Email: MICHAEL.NAGEL@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"/>
1785168	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

User Group	Comment	Comment Date

Total: 0 comment(s)