

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:

400404026

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 05-123-36230-00 6. County: WELD  
 7. Well Name: RUSSIAN FIDDLER Well Number: 36C-18HZ  
 8. Location: QtrQtr: SWSE Section: 19 Township: 2N Range: 65W Meridian: 6  
 Footage at surface: Distance: 395 feet Direction: FSL Distance: 2464 feet Direction: FEL  
 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.: 685 feet. Direction: FSL Dist.: 2406 feet. Direction: FEL

Sec: 19 Twp: 2N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 459 feet. Direction: FSL Dist.: 2424 feet. Direction: FEL

Sec: 18 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) 02/13/2013 13. Date TD: 03/29/2013 14. Date Casing Set or D&A: 04/01/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 12872 TVD\*\* 7363 17 Plug Back Total Depth MD 12848 TVD\*\* 7365

18. Elevations GR 4989 KB 5005

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	993	442	16	993	CALC
1ST	8+3/4	7	26.0	0	7,782	765	16	7,782	CALC
1ST LINER	6+1/8	4+1/2	11.6	6808	12,857				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	7,094		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,160		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,664		<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 Carrender

Title: Regulatory Specialist II Date: \_\_\_\_\_ Email: emily.carrender@anadarko.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400404031	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400404030	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"/>
<b>Other Attachments</b>			
400404032	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)