

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:

400410607

Date Received:

04/29/2013

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  
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: JOEL MALEFYT  
Phone: (720) 929-6828  
Fax: (720) 929-7828

5. API Number 05-123-35594-00  
6. County: WELD  
7. Well Name: SARCHET Well Number: 37C-32HZ  
8. Location: QtrQtr: NENE Section: 32 Township: 3N Range: 66W Meridian: 6  
Footage at surface: Distance: 457 feet Direction: FNL Distance: 296 feet Direction: FEL  
As Drilled Latitude: 40.187405 As Drilled Longitude: -104.792670

GPS Data:  
Date of Measurement: 09/14/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 678 feet. Direction: FNL Dist.: 1226 feet. Direction: FEL  
Sec: 32 Twp: 3N Rng: 66W  
\*\* If directional footage at Bottom Hole Dist.: 482 feet. Direction: FSL Dist.: 1166 feet. Direction: FEL  
Sec: 32 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) 07/24/2012 13. Date TD: 09/09/2012 14. Date Casing Set or D&A: 09/10/2012

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11935 TVD\*\* 7396 17 Plug Back Total Depth MD 11914 TVD\*\* 7397

18. Elevations GR 4924 KB 4941  
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; MWD: GR, R; MUD LOG

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	812	600	0	812	VISU
1ST	8+3/4	7	26	0	7,830	740	690	7,830	CBL
1ST LINER	6+1/8	4+1/2	11.6	6908	11,925				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	7,158		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,259		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,626		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,746		<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: JOEL MALEFYT

Title: REGULATORY ANALYST Date: 4/29/2013 Email: JOEL.MALEFYT@ANADARKO.COM

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400410626	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400410617	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>			
400410607	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400418637	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date
Permit	Fixed template so that it could be uploaded. Ready to pass.	5/15/2013 10:54:02 AM
Permit	Directional data cannot be uploaded. Footages and PSU ok.	5/14/2013 2:37:12 PM

Total: 2 comment(s)