

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:

400430895

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: JOEL MALEFYT  
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6828  
 3. Address: P O BOX 173779 Fax: (720) 929-7828  
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-36357-00 6. County: WELD  
 7. Well Name: POWERS Well Number: 29C-27HZ  
 8. Location: QtrQtr: SESW Section: 27 Township: 2N Range: 65W Meridian: 6  
 Footage at surface: Distance: 510 feet Direction: FSL Distance: 1860 feet Direction: FWL  
 As Drilled Latitude: 40.103699 As Drilled Longitude: -104.652628

GPS Data:  
Date of Measurement: 03/14/2013 PDOP Reading: 1.3 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 665 feet. Direction: FSL Dist.: 1630 feet. Direction: FWL  
Sec: 27 Twp: 2N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 486 feet. Direction: FNL Dist.: 1570 feet. Direction: FWL  
Sec: 27 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) 12/30/2012 13. Date TD: 03/09/2013 14. Date Casing Set or D&A: 03/12/2013

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

16. Total Depth MD 11801 TVD\*\* 7271 17 Plug Back Total Depth MD 11782 TVD\*\* 7272

18. Elevations GR 4949 KB 4965 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; GR, RES; MUD

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	1,857	770	0	1,857	VISU
1ST	8+3/4	7	26	0	7,665	766	0	7,665	CBL
1ST LINER	6+1/8	4+1/2	11.6	5087	11,791				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	6,953		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,998		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,453		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,555		<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: \_\_\_\_\_ Email: JOEL.MALEFYT@ANADARKO.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400430961	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400430960	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400430911	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400430913	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400430923	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400430926	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400430927	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400430928	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400430933	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400430935	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400430938	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400430954	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400430962	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)