

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:

400430969

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 05-123-36359-00

6. County: WELD

7. Well Name: POWERS

Well Number: 29N-27HZ

8. Location: QtrQtr: SESW Section: 27 Township: 2N Range: 65W Meridian: 6

Footage at surface: Distance: 510 feet Direction: FSL Distance: 1890 feet Direction: FWL

As Drilled Latitude: 40.103699 As Drilled Longitude: -104.652521

GPS Data:

Data 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.: 762 feet. Direction: FSL Dist.: 1475 feet. Direction: FWL

Sec: 27 Twp: 2N Rng: 65W

** If directional footage at Bottom Hole Dist.: 485 feet. Direction: FNL Dist.: 1455 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) 12/31/2012 13. Date TD: 02/27/2013 14. Date Casing Set or D&A: 02/28/2013

15. Well Classification:

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

16. Total Depth MD 11576 TVD** 7063 17 Plug Back Total Depth MD 11552 TVD** 7064

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	1,858	806	0	1,858	VISU
1ST	8+3/4	7	26	0	7,543	736	205	7,543	CBL
1ST LINER	6+1/8	4+1/2	6509	11561					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	7,048		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,130		<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 MALEFYTTitle: REGULATORY ANALYST Date: _____ Email: JOEL.MALEFYT@ANADARKO.COM**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400431022	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400431021	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"/>
<u>Other Attachments</u>					
400430993	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400431004	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400431008	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400431011	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400431012	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400431013	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400431014	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400431015	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400431017	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400431023	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)