

**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:

400412602

Date Received:

05/02/2013

**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

4. Contact Name: REBECCA HEIM

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

Phone: (720) 929-6361

3. Address: P O BOX 173779

Fax: (720) 929-7361

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-33836-00

6. County: WELD

7. Well Name: RIVERBEND

Well Number: 2-24

8. Location: QtrQtr: NWNE Section: 24 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 503 feet Direction: FNL Distance: 2072 feet Direction: FEL

As Drilled Latitude: 40.042426 As Drilled Longitude: -104.837081

## GPS Data:

Data of Measurement: 07/12/2012 PDOP Reading: 1.9 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 651 feet. Direction: FNL Dist.: 1988 feet. Direction: FEL

Sec: 24 Twp: 1N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 632 feet. Direction: FNL Dist.: 1974 feet. Direction: FEL

Sec: 24 Twp: 1N 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) 06/21/2012 13. Date TD: 06/24/2012 14. Date Casing Set or D&amp;A: 06/25/2012

## 15. Well Classification:

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

16. Total Depth MD 8093 TVD\*\* 8086 17 Plug Back Total Depth MD 7813 TVD\*\* 7806

18. Elevations GR 4925 KB 4940

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:

CB/GR-VDL/CCL

## 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	24	0	974	610	0	974	CALC
1ST	7+7/8	4+1/2	11.6	0	8,093	43	7,890	8,093	CALC

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/25/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	7,835	953	580	7,835

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	
SUSSEX	4,550		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,142		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,490		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,942		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Operator plans to complete this well Summer 2013.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: REBECCA HEIM

Title: REGULATORY Date: 5/2/2013 Email: REBECCA.HEIM@ANADARKO.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400412604	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400412603	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"/>
<u>Other Attachments</u>					
400412602	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400412605	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	Per operator added Log info. Requested form 5A operator said well to be completed this summer 2013.	6/11/2013 3:24:35 PM

Total: 1 comment(s)