

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:  
400424664

Date Received:  
05/28/2013

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: REBECCA HEIM  
Phone: (720) 929-6361  
Fax: (720) 929-7361

5. API Number 05-123-29647-00  
6. County: WELD  
7. Well Name: PIONEER Well Number: 31-12  
8. Location: QtrQtr: SWNE Section: 11 Township: 2N Range: 65W Meridian: 6  
Footage at surface: Distance: 2192 feet Direction: FNL Distance: 2169 feet Direction: FEL  
As Drilled Latitude: 40.154436 As Drilled Longitude: -104.629131

GPS Data:  
Date of Measurement: 05/21/2009 PDOP Reading: 2.5 GPS Instrument Operator's Name: Cody Mattson

\*\* If directional footage at Top of Prod. Zone Dist.: 1316 feet. Direction: FNL Dist.: 50 feet. Direction: FWL  
Sec: 12 Twp: 2N Rng: 65W  
\*\* If directional footage at Bottom Hole Dist.: 1316 feet. Direction: FNL Dist.: 50 feet. Direction: FWL  
Sec: 12 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) 02/11/2009 13. Date TD: Date Casing Set or D&A:

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

16. Total Depth MD 7760 TVD\*\* 7267 17 Plug Back Total Depth MD 7725 TVD\*\* 7211

18. Elevations GR 4854 KB 4874  
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:

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             | 802           | 500       | 0       | 802     | CALC   |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/11/2013

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| 1 INCH      | 1ST    | 7,746                             | 525           | 145        | 2,753         |

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                    |   |
|                |                |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

FORM 5 FOR REMEDIAL CEMENT JOB

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: 5/28/2013 Email: REBECCA.HEIM@ANADARKO.COM

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <b>Attachment Checklist</b> |                       |   |  |
| 400424676                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
|                             | Directional Survey ** | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
|                             | DST Analysis          | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
|                             | Logs                  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 2114092                     | Other                 | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| <b>Other Attachments</b>    |                       |   |  |
| 400424664                   | FORM 5 SUBMITTED      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400424671                   | CEMENT BOND           | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400424675                   | OPERATIONS SUMMARY    | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400424677                   | WELLBORE DIAGRAM      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

### General Comments

| User Group | Comment   | Comment Date            |
|------------|---|-------------------------|
| Permit     | Rec'd and attached CBL as Other. Ready to pass. | 5/31/2013<br>3:00:08 PM |
| Permit     | Requested PDF of CBL.                           | 5/31/2013<br>2:24:02 PM |

Total: 2 comment(s)