

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:
400461003

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 05-123-36871-00 6. County: WELD
 7. Well Name: THOMSEN Well Number: 13C-18HZ
 8. Location: QtrQtr: SENW Section: 7 Township: 2N Range: 65W Meridian: 6
 Footage at surface: Distance: 2378 feet Direction: FNL Distance: 1771 feet Direction: FWL
 As Drilled Latitude: 40.153755 As Drilled Longitude: -104.709540

GPS Data:
 Date of Measurement: 06/18/2013 PDOP Reading: 1.8 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 2050 feet. Direction: FSL Dist.: 1622 feet. Direction: FWL
 Sec: 7 Twp: 2N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 489 feet. Direction: FSL Dist.: 1515 feet. Direction: FWL
 Sec: 18 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) 03/08/2013 13. Date TD: 04/13/2013 14. Date Casing Set or D&A: 04/19/2013

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

16. Total Depth MD 14763 TVD** 7375 17 Plug Back Total Depth MD 13519 TVD** 7366

18. Elevations GR 4952 KB 4977 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	958	340	0	958	VISU
1ST	8+3/4	7	26	0	7,827	778	0	7,827	CBL
1ST LINER	6+1/8	4+1/2	11.6	5305	13,523				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	7,046		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,133		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,587		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,676		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted.

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: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400461026	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400461028	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"/>
Other Attachments			
400461011	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461013	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461015	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461017	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461020	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461021	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461024	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461029	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)