

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:

400474012

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  
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: Katie Kistner  
Phone: (720) 9294317  
Fax:

5. API Number 05-123-36315-00  
6. County: WELD  
7. Well Name: FARLEY Well Number: 29C-23HZ  
8. Location: QtrQtr: SWSW Section: 23 Township: 3N Range: 66W Meridian: 6  
Footage at surface: Distance: 555 feet Direction: FSL Distance: 577 feet Direction: FWL  
As Drilled Latitude: 40.204984 As Drilled Longitude: -104.751718

GPS Data:

Data of Measurement: 08/13/2013 PDOP Reading: 1.4 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 567 feet. Direction: FSL Dist.: 985 feet. Direction: FWL  
Sec: 23 Twp: 3N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 813 feet. Direction: FNL Dist.: 952 feet. Direction: FWL  
Sec: 23 Twp: 3N Rng: 66W

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) 07/05/2013 13. Date TD: 07/29/2013 14. Date Casing Set or D&A: 07/31/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11620 TVD\*\* 7370 17 Plug Back Total Depth MD 11601 TVD\*\* 7370

18. Elevations GR 4939 KB 4955

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	1,031	357	0	1,031	VISU
1ST	8+3/4	7	26	0	7,768	770		7,768	CBL
1ST LINER	6+1/8	4+1/2	11.6	6877	11,610				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	7,166		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,224		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,602		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,689		<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: Katie Kistner

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: katie.kistner@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400474055	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400474044	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>			
400474022	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400474025	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400474027	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400474028	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400474030	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400474031	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400474038	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)