

**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



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Document Number:  
400493662

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: Katie Kistner  
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 9294317  
 3. Address: P O BOX 173779 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-37594-00 6. County: WELD  
 7. Well Name: DCP Well Number: 16N-17HZ  
 8. Location: QtrQtr: NESE Section: 8 Township: 3N Range: 66W Meridian: 6  
 Footage at surface: Distance: 2168 feet Direction: FSL Distance: 559 feet Direction: FEL  
 As Drilled Latitude: 40.238004 As Drilled Longitude: -104.793920

GPS Data:

Date of Measurement: 07/29/2013 PDOP Reading: 1.4 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 1766 feet. Direction: FSL Dist.: 536 feet. Direction: FEL

Sec: 8 Twp: 3N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 1004 feet. Direction: FSL Dist.: 509 feet. Direction: FEL

Sec: 17 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) 07/26/2013 13. Date TD: 08/11/2013 14. Date Casing Set or D&A: 08/13/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 13583 TVD\*\* 7159 17 Plug Back Total Depth MD 13559 TVD\*\* 7160

18. Elevations GR 4855 KB 4871

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	932	350	0	932	VISU
1ST	8+3/4	7	26	0	7,547	752	44	7,547	CBL
1ST LINER	6+1/8	4+1/2	11.6	6534	13,568				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	7,068		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,146		<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><u>Attachment Checklist</u></b>			
400493721	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400495018	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><u>Other Attachments</u></b>			
400493670	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400493671	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400493676	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400493677	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400493678	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400493701	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400493702	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400493703	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400493704	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495016	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)