

**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:  
400532787

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 05-123-36928-00 6. County: WELD  
 7. Well Name: HOWARD Well Number: 27N-28HZ  
 8. Location: QtrQtr: NENE Section: 28 Township: 1N Range: 67W Meridian: 6  
 Footage at surface: Distance: 310 feet Direction: FNL Distance: 1094 feet Direction: FEL  
 As Drilled Latitude: 40.028474 As Drilled Longitude: -104.890030

GPS Data:  
 Date of Measurement: 07/02/2013 PDOP Reading: 1.4 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 733 feet. Direction: FNL Dist.: 897 feet. Direction: FEL  
 Sec: 28 Twp: 1N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 485 feet. Direction: FSL Dist.: 904 feet. Direction: FEL  
 Sec: 28 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) 06/23/2013 13. Date TD: 10/25/2013 14. Date Casing Set or D&A: 10/27/2013

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

16. Total Depth MD 12017 TVD\*\* 7490 17 Plug Back Total Depth MD 11993 TVD\*\* 7489

18. Elevations GR 4983 KB 4999 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, 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	1,032	385	0	1,032	VISU
1ST	8+3/4	7	26	0	7,952	810	1,910	7,952	CBL
1ST LINER	6+1/8	4+1/2	11.6	6925	12,002				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	7,419		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,455		<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 ?	
<u>Attachment Checklist</u>			
400536510	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400536506	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"/>
<u>Other Attachments</u>			
400532790	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400532792	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400532794	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400532806	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400532807	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400532808	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400532812	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400536505	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)