

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:

400535345

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 05-123-38234-00 6. County: WELD  
 7. Well Name: HOWARD Well Number: 9C-22HZ  
 8. Location: QtrQtr: SESE Section: 27 Township: 1N Range: 67W Meridian: 6  
 Footage at surface: Distance: 830 feet Direction: FSL Distance: 905 feet Direction: FEL  
 As Drilled Latitude: 40.017137 As Drilled Longitude: -104.870463

GPS Data:

Date of Measurement: 11/19/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 816 feet. Direction: FSL Dist.: 503 feet. Direction: FEL

Sec: 27 Twp: 1N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 2149 feet. Direction: FSL Dist.: 505 feet. Direction: FEL

Sec: 27 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) 10/14/2013 13. Date TD: 11/07/2013 14. Date Casing Set or D&A: 11/08/2013

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

16. Total Depth MD 14889 TVD\*\* 7718 17 Plug Back Total Depth MD 14831 TVD\*\* 7721

18. Elevations GR 5052 KB 5068 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	1,237	464	0	1,237	VISU
1ST	8+3/4	7	26	0	8,243	850	240	8,243	CBL
1ST LINER	6+1/8	4+1/2	11.6	7102	14,879	520	7,102	14,879	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	7,412		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,434		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,036		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,128		<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>			
400535382	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400535383	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>			
400535373	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400535374	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400535377	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400535378	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400535379	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400535381	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400535384	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400537055	PDF-CEMENT BOND	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)