

FORM
5Rev
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:

1945724

Date Received:

06/11/2009

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: CAROLYN BROCKMAN
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6000
3. Address: P O BOX 173779 ATTN: REE Fax: (720) 929-7461
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-27015-00 6. County: WELD
7. Well Name: PIONEER Well Number: 7-15
8. Location: QtrQtr: NWNE Section: 15 Township: 2N Range: 65W Meridian: 6
Footage at surface: Distance: 1250 feet Direction: FNL Distance: 1352 feet Direction: FEL
As Drilled Latitude: 40.142519 As Drilled Longitude: -104.645394

GPS Data:

Data of Measurement: 05/21/2009 PDOP Reading: 2.3 GPS Instrument Operator's Name: CODY MATTSON

** If directional footage at Top of Prod. Zone Dist.: 1980 feet. Direction: FNL Dist.: 1982 feet. Direction: FEL

Sec: 15 Twp: 2N Rng: 65W

** If directional footage at Bottom Hole Dist.: 1993 feet. Direction: FNL Dist.: 1976 feet. Direction: FEL

Sec: 15 Twp: 2N Rng: 65W

9. Field Name: VALENTINE 10. Field Number: 85550

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/15/2009 13. Date TD: 01/19/2009 14. Date Casing Set or D&A: 01/19/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7895 TVD** 7761 17 Plug Back Total Depth MD 7854 TVD** 7720

18. Elevations GR 4874 KB 4894

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:

CDL-GR-CAL-CNL-DIL-ML, CBL

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	12+1/4	8+5/8		0	824	520	0	824	
1ST	7+7/8	4+1/2		0	7,884	744	5,195	7,884	CBL

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	
PARKMAN	4,077	4,225	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,380	4,478	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,651	4,680	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,007		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,271		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,295		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,748		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

WELL CLASSIFICATION TO BE PROVIDED UPON COMPLETION

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y _____ Print Name: CAROLYN.BROCKMAN

Title: STAFF REG. ANALYST Date: 6/11/2009 Email: CAROLYN.BROCKMAN@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1785923	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)