

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:

400502381

Date Received:

10/25/2013

## 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: REBECCA HEIM

2. Name of Operator: KERR-MCGEE OIL &amp; GAS ONSHORE LP

Phone: (720) 929-6361

3. Address: P O BOX 173779

Fax: (720) 929-7361

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-28068-00

6. County: WELD

7. Well Name: WILLIAMS

Well Number: 14-20

8. Location: QtrQtr: NENW Section: 29 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 683 feet Direction: FNL Distance: 1950 feet Direction: FWL

As Drilled Latitude: 40.114986 As Drilled Longitude: -105.029819

## GPS Data:

Data of Measurement: 05/20/2009 PDOP Reading: 2.9 GPS Instrument Operator's Name: Cody Mattson

\*\* If directional footage at Top of Prod. Zone Dist.: 680 feet. Direction: FSL Dist.: 1975 feet. Direction: FWL  
Sec: 20 Twp: 2N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 680 feet. Direction: FSL Dist.: 1975 feet. Direction: FWL  
Sec: 20 Twp: 2N Rng: 68W

9. Field Name: SPINDLE

10. Field Number: 77900

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/28/2009 13. Date TD: 14. Date Casing Set or D&amp;A:

## 15. Well Classification:

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

16. Total Depth MD 7905 TVD\*\* 7678 17 Plug Back Total Depth MD 7866 TVD\*\* 7639

18. Elevations GR 4910 KB 4924

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

## 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          | 24    | 0             | 775           | 490       | 0       | 775     | CALC   |

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/16/2013

| Method used        | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|--------------------|--------|-----------------------------------|---------------|------------|---------------|
| NON CEMENT SQUEEZE | 1ST    | 3,280                             | 675           | 28         | 3,020         |

Details of work:

Hookup rig pump circulate annular. MIRU Baker pump 675 sx G neat 15.8 cement.  
 Stuck 1 1/4 backed off pipe recovered 1 jt lost 95 in annular ND Bop and double entry set slips @ 50,000 NU bradenhead and wellhead w/ Bop RDMO Baker SWN SDFN.MIRU JW RIH CBL log up from 3150 to surface RDMO JW.  
 Pickup and RIH 52 stands circulate sand off RBP latch onto RBP release and TOO. H.  
 pickup XN Nipple TIH 244 jts land well @ 7705 ND BOP NU wellhead broach tubing pressure test wellhead to 5,000 psi

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                    |   |
|  |                |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

FORM 5 FOR CEMENT JOB

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

Signed: \_\_\_\_\_ Print Name: REBECCA HEIM

Title: REGULATORY Date: 10/25/2013 Email: rscdjpostdrill@anadarko.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 400502559                   | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis         | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|                             | Directional Survey ** | Yes        | <input type="checkbox"/>            | No | <input checked="" 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>    |                       |            |                                     |    |                                     |
| 400502381                   | FORM 5 SUBMITTED      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400502428                   | OPERATIONS SUMMARY    | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400502429                   | WELLBORE DIAGRAM      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400502430                   | PDF-CEMENT BOND       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

### General Comments

| User Group | Comment  | Comment Date          |
|------------|--|-----------------------|
| Permit     | Please submit a Completed Interval report (form 5A) for this well. | 12/19/2013 3:36:57 PM |

Total: 1 comment(s)