

**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:  
400589142

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 05-123-38624-00 6. County: WELD  
 7. Well Name: ELLIOTT Well Number: 4C-18HZ  
 8. Location: QtrQtr: NENE Section: 18 Township: 3N Range: 67W Meridian: 6  
 Footage at surface: Distance: 666 feet Direction: FNL Distance: 567 feet Direction: FEL  
 As Drilled Latitude: 40.231377 As Drilled Longitude: -104.925284

GPS Data:  
 Date of Measurement: 02/28/2014 PDOP Reading: 1.7 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 521 feet. Direction: FNL Dist.: 565 feet. Direction: FEL  
 Sec: 18 Twp: 3N Rng: 67W  
 \*\* If directional footage at Bottom Hole Dist.: 521 feet. Direction: FNL Dist.: 565 feet. Direction: FEL  
 Sec: 18 Twp: 3N 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) 02/24/2014 13. Date TD: 04/06/2014 14. Date Casing Set or D&A: \_\_\_\_\_

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

16. Total Depth MD 7550 TVD\*\* 7163 17 Plug Back Total Depth MD 6300 TVD\*\* 6235

18. Elevations GR 4836 KB 4853 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:  
THIS WELL WAS A SIDETRACK. ALL LOGS WILL BE SUBMITTED WITH FINAL FORM 5 "01".

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	1,072	402	0	1,073	VISU

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 04/10/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
NON CEMENT SQUEEZE	OPEN HOLE		310	6,300	6,900
Details of work:					
KICK OFF PLUG					

21. Formation log intervals and test zones:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
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:

THIS WELL WAS A SIDETRACK. ALL ATTACHMENTS AND LOGS WILL BE SUBMITTED WITH FINAL FORM 5 "01". USED BH FOOTAGE CALLS FOR TPZ FOOTAGE CALLS IN ORDER TO SUBMIT FORM. INTERMEDIATE CASING WAS NOT SET.

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>			
400599141	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400599145	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"/>
<u>Other Attachments</u>			
400599142	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)