

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:

400661688

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 &amp; GAS ONSHORE LP

Phone: (720) 929-4317

3. Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-39229-00

6. County: WELD

7. Well Name: BAREFOOT

Well Number: 31N-25HZ

8. Location: QtrQtr: SENE Section: 25 Township: 3N Range: 68W Meridian: 6

Footage at surface: Distance: 2033 feet Direction: FNL Distance: 663 feet Direction: FEL

As Drilled Latitude: 40.198966 As Drilled Longitude: -104.944171

## GPS Data:

Date of Measurement: 06/12/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: Carli Sloan

\*\* If directional footage at Top of Prod. Zone Dist.: 1936 feet. Direction: FNL Dist.: 120 feet. Direction: FEL

Sec: 25 Twp: 3N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 1957 feet. Direction: FNL Dist.: 75 feet. Direction: FWL

Sec: 25 Twp: 3N Rng: 68W

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) 05/12/2014 13. Date TD: 06/28/2014 14. Date Casing Set or D&amp;A: 06/30/2014

## 15. Well Classification:

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

16. Total Depth MD 12757 TVD\*\* 7096 17 Plug Back Total Depth MD 12654 TVD\*\* 7096

18. Elevations GR 4887 KB 4904

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	1,572	560	0	1,572	VISU
1ST	8+3/4	7	26	0	7,687	770	0	7,687	CBL
1ST LINER	6+1/8	4+1/2	11.6	6624	12,747	336	6,643	12,747	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	
SUSSEX	4,498		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,189		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,320		<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 KistnerTitle: Regulatory Analyst Date: \_\_\_\_\_ Email: katie.kistner@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400671882	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400661715	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>					
400661698	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400661699	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400661701	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400661707	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400661713	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)