

FORM 5

Rev 09/14

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:

400689475

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 [X] Final completion [] Preliminary completion

OGCC Operator Number: 47120 Contact Name: REBECCA HEIM
Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6361
Address: P O BOX 173779 Fax: (720) 929-7361
City: DENVER State: CO Zip: 80217-

API Number 05-123-30565-00 County: WELD
Well Name: ADAM FARM Well Number: 27-4
Location: QtrQtr: SWNE Section: 4 Township: 2N Range: 68W Meridian: 6
Footage at surface: Distance: 1321 feet Direction: FNL Distance: 1596 feet Direction: FEL
As Drilled Latitude: 40.171341 As Drilled Longitude: -105.004102

GPS Data:
Date of Measurement: 11/09/2009 PDOP Reading: 2.5 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 69 feet. Direction: FNL Dist.: 1333 feet. Direction: FEL
Sec: 4 Twp: 2N Rng: 68W

** If directional footage at Bottom Hole Dist.: 69 feet. Direction: FNL Dist.: 1333 feet. Direction: FEL
Sec: 4 Twp: 2N Rng: 68W

Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/06/2009 Date TD: Date Casing Set or D&A:
Rig Release Date: *for Multi-Well Location ONLY

Well Classification:
[] Dry [] Oil [] Gas/Coalbed [] Disposal [] Stratigraphic [] Enhanced Recovery [] Storage [] Observation

Total Depth MD 7697 TVD** 7537 Plug Back Total Depth MD 7646 TVD** 7486

Elevations GR 4885 KB 4900 Digital Copies of ALL Logs must be Attached per Rule 308A []

List Electric Logs Run:

Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Row 1: SURF, 12+1/4, 8+5/8, 0, 974, 330, 0, 974, CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/04/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	1ST	1,200	115	706	1,050
	1ST	1,260	25	1,250	1,302

Details of work:

09/09/14 - pump balance plug 25 sks
 09/11/14 - Mill cement to 1075'
 09/12/14 - Finish milling cement circulate clean pressure test perforation to 1050#

Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Comment:

FORM 5 FORM REMEDIAL 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: SR. REGULATORY ANALYST Date: _____ Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400689481	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>			
400689479	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400689480	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400689482	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)