

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:
400699837

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

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 05-123-15946-00 County: WELD
Well Name: STREAR Well Number: 22-23
Location: QtrQtr: SENW Section: 23 Township: 2N Range: 67W Meridian: 6
Footage at surface: Distance: 1646 feet Direction: FNL Distance: 1634 feet Direction: FWL
As Drilled Latitude: 40.126353 As Drilled Longitude: -104.861483

GPS Data:
Date of Measurement: 06/24/2008 PDOP Reading: 2.7 GPS Instrument Operator's Name: Cody Mattson

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
Sec: _____ Twp: _____ Rng: _____
** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
Sec: _____ Twp: _____ Rng: _____

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

Spud Date: (when the 1st bit hit the dirt) 08/06/1992 Date TD: _____ Date Casing Set or D&A: 08/06/1992
Rig Release Date: 08/06/1992 Per Rule 308A.b.

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

Total Depth MD 8159 TVD** _____ Plug Back Total Depth MD 8115 TVD** _____

Elevations GR 4958 KB 4968 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CASING, LINER AND CEMENT

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	670	350	0	670	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/05/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST	7,050	165	6,800	7,050

Details of work:

Bottom perf was @ 7050', Top most perf was @ 6800'. Hazard Safety Prep did not work, squeezes did not hold. Well will be plugged.

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 FOR 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>			
400703956	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>			
400703950	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400703951	GYRO SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400703953	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400703962	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)