

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



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Document Number:
400578976

Date Received:
04/01/2014

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: Katie Kistner
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 9294317
 Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217-

API Number 05-123-38022-00 County: WELD
 Well Name: PETTINGER Well Number: 30N-18HZ
 Location: QtrQtr: SWSW Section: 18 Township: 1N Range: 65W Meridian: 6
 Footage at surface: Distance: 283 feet Direction: FSL Distance: 958 feet Direction: FWL
 As Drilled Latitude: 40.044893 As Drilled Longitude: -104.712623

GPS Data:
 Date of Measurement: 11/18/2013 PDOP Reading: 1.6 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 706 feet. Direction: FSL Dist.: 83 feet. Direction: FWL
 Sec: 18 Twp: 1N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 3 feet. Direction: FNL Dist.: 95 feet. Direction: FWL
 Sec: 18 Twp: 1N Rng: 65W

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

Spud Date: (when the 1st bit hit the dirt) 11/07/2013 Date TD: 01/23/2014 Date Casing Set or D&A: 01/21/2014
 Rig Release Date: _____ Per Rule 308A.b.

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

Total Depth MD 12300 TVD** 7231 Plug Back Total Depth MD 12152 TVD** 7235

Elevations GR 5007 KB 5020 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR, MUD

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	13+1/2	9+5/8	36	0	1,207	432	0	1,207	VISU
1ST	8+3/4	7	26	0	7,704	750	35	7,704	CBL
1ST LINER	6+1/8	4+1/2	11.6	6669	12,290	350	6,669	12,290	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:

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	
PARKMAN	4,218				
SUSSEX	4,602				
SHARON SPRINGS	7,222				
NIOBRARA	7,256				

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 Kistner

Title: Regulatory Analyst Date: 4/1/2014 Email: katie.kistner@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400725222	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"/>
Other Attachments			
400578976	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723907	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400725221	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft per operator's request.	11/4/2014 4:11:57 PM

Total: 1 comment(s)