

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

DRILLING COMPLETION REPORT

Document Number:

400587806

Date Received:

04/10/2014

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 05-123-38020-00 County: WELD  
Well Name: PETTINGER Well Number: 4C-18HZ  
Location: QtrQtr: SWSW Section: 18 Township: 1N Range: 65W Meridian: 6  
Footage at surface: Distance: 283 feet Direction: FSL Distance: 1036 feet Direction: FWL  
As Drilled Latitude: 40.044894 As Drilled Longitude: -104.712343

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.: 677 feet. Direction: FSL Dist.: 1668 feet. Direction: FWL  
Sec: 18 Twp: 1N Rng: 65W  
\*\* If directional footage at Bottom Hole Dist.: 3 feet. Direction: FNL Dist.: 1640 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) 11/11/2013 Date TD: 02/23/2014 Date Casing Set or D&A: 02/23/2014  
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 12467 TVD\*\* 7390 Plug Back Total Depth MD 12363 TVD\*\* 7390  
Elevations GR 5007 KB 5020 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:  
CBL, LWD, 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	1,203	430	0	1,203	VISU
1ST	8+3/4	7	26	0	7,848	740	24	7,848	CBL
1ST LINER	6+1/8	4+1/2	11.6	6842	12,457	350	6,763	12,457	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	4,188				
SUSSEX	4,569				
SHARON SPRINGS	7,139				
NIOBRARA	7,165				
FORT HAYS	7,703				
CODELL	7,810				

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: 4/10/2014 Email: katie.kistner@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400725272	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"/>
<b>Other Attachments</b>			
400587806	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723842	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400725270	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 3:54:25 PM
Permit	ON HOLD: unable to open CBL. w/o possible withdrawal of form 4 with corrected DS.	10/23/2014 3:41:57 PM

Total: 2 comment(s)