

FORM
5Rev
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:

400767401

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: Kayla Hesseltine

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6552

Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

API Number 05-123-32342-00

County: WELD

Well Name: BADDING

Well Number: 16-26SX

Location: QtrQtr: NESE Section: 26 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 1320 feet Direction: FSL Distance: 1310 feet Direction: FEL

As Drilled Latitude: 40.105659 As Drilled Longitude: -104.739576

GPS Data:

Date of Measurement: 06/09/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 714 feet. Direction: FSL Dist.: 863 feet. Direction: FEL

Sec: 26 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 663 feet. Direction: FSL Dist.: 836 feet. Direction: FEL

Sec: 26 Twp: 2N Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/04/2011 Date TD: 05/06/2011 Date Casing Set or D&A: 05/07/2011

Rig Release Date: 05/07/2011 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 5175 TVD** 5105 Plug Back Total Depth MD 5128 TVD** 5058

Elevations GR 5088 KB 5103 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

Triple combo, CBL

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	1,162	730	0	1,162	VISU
1ST LINER	7+7/8	4+1/2	11.6	0	5,165	604	380	5,165	CBL

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	4,256				
SUSSEX	4,650				

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Kayla Hesseltine

Title: Regulatory Specialist

Date: _____

Email: kayla.hesseltine@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
400770838	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400770851	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400776896	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group **Comment**

Comment Date

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Total: 0 comment(s)