

**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:  
400782151

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

API Number <u>05-123-29340-00</u>	County: <u>WELD</u>
Well Name: <u>MOSER</u>	Well Number: <u>17-21</u>
Location: QtrQtr: <u>NWNE</u> Section: <u>21</u> Township: <u>3N</u> Range: <u>65W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>954</u> feet Direction: <u>FNL</u> Distance: <u>1555</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.215550</u> As Drilled Longitude: <u>-104.664908</u>	

GPS Data:  
Date of Measurement: 06/03/2009 PDOP Reading: 3.0 GPS Instrument Operator's Name: Cody Mattson

\*\* If directional footage at Top of Prod. Zone Dist.: 1315 feet. Direction: FNL Dist.: 1281 feet. Direction: FEL  
Sec: 21 Twp: 3N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 1315 feet. Direction: FNL Dist.: 1281 feet. Direction: FEL  
Sec: 21 Twp: 3N Rng: 65W

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

Spud Date: (when the 1st bit hit the dirt) 02/10/2009 Date TD: \_\_\_\_\_ Date Casing Set or D&A: \_\_\_\_\_  
Rig Release Date: 02/12/2009 Per Rule 308A.b.

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

Total Depth MD 7400 TVD\*\* 7343 Plug Back Total Depth MD 7359 TVD\*\* 7302

Elevations GR 4827 KB 4842 **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		0	742	470	0	742	CALC

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 01/16/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	1,500	245	670	1,525

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	

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>			
400782166	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>			
400782164	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400782165	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400782168	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400782175	PDF-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)