

FORM
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Rev
09/14

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400587522

Date Received:

04/10/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 & 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>05-123-27092-00</u>	County: <u>WELD</u>
Well Name: <u>RADEMACHER</u>	Well Number: <u>10-25</u>
Location: QtrQtr: <u>SWSE</u> Section: <u>25</u> Township: <u>3N</u> Range: <u>68W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1327</u> feet Direction: <u>FSL</u> Distance: <u>1554</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.193583</u> As Drilled Longitude: <u>-104.947342</u>	

GPS Data:
Date of Measurement: 03/19/2009 PDOP Reading: 2.8 GPS Instrument Operator's Name: Cody Mattson

** If directional footage at Top of Prod. Zone Dist.: 2063 feet Direction: FSL Dist.: 2042 feet. Direction: FEL
Sec: 25 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2063 feet Direction: FSL Dist.: 2042 feet. Direction: FEL
Sec: 25 Twp: 3N Rng: 68W

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

Spud Date: (when the 1st bit hit the dirt) 08/01/2008 Date TD: _____ Date Casing Set or D&A: _____
Rig Release Date: _____ Per Rule 308A.b.

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

Total Depth MD 7462 TVD** 7379 Plug Back Total Depth MD 7422 TVD** 7339

Elevations GR 4870 KB 4890 **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	9+5/8		0	901	410	0	901	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/02/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	7,452	150	994	1,504

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	

Operator Comments

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: 4/10/2014 Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400587535	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"/>
Other Attachments			
400587522	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400587533	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400587534	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400587536	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)