

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



Document Number:
400584191
Date Received:
04/04/2014

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

API Number 05-123-22898-00 County: WELD
Well Name: MORNING FRESH Well Number: 7-22
Location: QtrQtr: SWNE Section: 22 Township: 3N Range: 66W Meridian: 6
Footage at surface: Distance: 2180 feet Direction: FNL Distance: 2180 feet Direction: FEL
As Drilled Latitude: 40.211859 As Drilled Longitude: -104.761585

GPS Data:
Date of Measurement: 10/04/2006 PDOP Reading: 2.5 GPS Instrument Operator's Name: Chris Fisher

** If directional footage at Top of Prod. Zone Dist.: feet Direction: Dist.: feet. Direction:
Sec: Twp: Rng:
** If directional footage at Bottom Hole Dist.: feet Direction: Dist.: feet. Direction:
Sec: Twp: Rng:

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

Spud Date: (when the 1st bit hit the dirt) 04/27/2005 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 7511 TVD** Plug Back Total Depth MD 7470 TVD**
Elevations GR 4900 KB 4912 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	24	0	679	475	0	679	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/11/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	1ST	1,550	245	696	1,560
Details of work:					
<input type="text"/>					

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

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

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400584207	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>			
400584191	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400584202	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400584205	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400584215	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)