

FORM  
5Rev  
09/14State 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

Document Number:

400924452

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: REBECCA HEIM

Name of Operator: KERR MCGEE OIL &amp; GAS ONSHORE LP

Phone: (720) 929-6361

Address: P O BOX 173779

Fax: (720) 929-7361

City: DENVER State: CO Zip: 80217-

API Number 05-123-19270-00

County: WELD

Well Name: HSR-STREED

Well Number: 10-13

Location: QtrQtr: NWSE Section: 13 Township: 3N Range: 67W Meridian: 6

Footage at surface: Distance: 2064 feet Direction: FSL Distance: 2441 feet Direction: FEL

As Drilled Latitude: 40.223167 As Drilled Longitude: -104.838694

## GPS Data:

Date of Measurement: 07/31/2006 PDOP Reading: 3.4 GPS Instrument Operator's Name: Chris Fisher

\*\* If directional footage at Top of Prod. Zone Dist.: 2100 feet. Direction: FSL Dist.: 2180 feet. Direction: FEL

Sec: 13 Twp: 3N Rng: 67

\*\* If directional footage at Bottom Hole Dist.: 2100 feet. Direction: FSL Dist.: 2180 feet. Direction: FEL

Sec: 13 Twp: 3N Rng: 67

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number: 63787

Spud Date: (when the 1st bit hit the dirt) 12/15/1996 Date TD: Date Casing Set or D&amp;A:

Rig Release Date: 12/23/1996 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 7501 TVD\*\* 7437 Plug Back Total Depth MD 7437 TVD\*\* 7403

Elevations GR 4784 KB 4794 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	754	525	0	754	CALC

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/22/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	4,475	150	3,900	4,475
1 INCH	1ST	1,085	145	430	1,085

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>			
400925434	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>			
400924456	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400924457	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400924566	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400934808	GYRO SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)