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

DE	ET	OE	ES

Document Number: 400941631

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: DOREEN GREEN

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (435) 781-9758

Address: P O BOX 173779 Fax:

City: DENVER State: CO Zip: 80217-

API Number 05-123-20764-00 County: WELD

Well Name: BALLANTINE Well Number: 4-30A

Location: QtrQtr: NWNW Section: 30 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 470 feet Direction: FNL Distance: 470 feet Direction: FWL

As Drilled Latitude: 40.115241 As Drilled Longitude: -105.053749

GPS Data:

Date of Measurement: 08/16/2006 PDOP Reading: 5.0 GPS Instrument Operator's Name: Steve 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) 01/14/2003 Date TD: _____ Date Casing Set or D&A: _____

Rig Release Date: 01/23/2003 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8138 TVD** _____ Plug Back Total Depth MD 8101 TVD** _____

Elevations GR 4990 KB 5002

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	748	555	0	748	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/19/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	950	65	614	950

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: DOREEN GREEN

Title: REGULATORY ANALYST Date: _____ Email: DOREEN.GREEN@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400946621	CMT Summary *	Yes ☒	No ☐
	Core Analysis	Yes ☐	No ☒
	Directional Survey **	Yes ☐	No ☒
	DST Analysis	Yes ☐	No ☒
	Logs	Yes ☒	No ☐
	Other	Yes ☐	No ☒
Other Attachments			
400941639	OPERATIONS SUMMARY	Yes ☒	No ☐
400941640	GYRO SURVEY	Yes ☒	No ☐
400941641	PDF-CEMENT BOND	Yes ☒	No ☐
400957109	WELLBORE DIAGRAM	Yes ☒	No ☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)