

**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:

400752720

Date Received:

12/16/2014

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 05-123-28043-00 County: WELD
Well Name: WILLIAMS Well Number: 11-20
Location: QtrQtr: NWSE Section: 20 Township: 2N Range: 68W Meridian: 6
Footage at surface: Distance: 1548 feet Direction: FSL Distance: 1497 feet Direction: FEL
As Drilled Latitude: 40.121125 As Drilled Longitude: -105.023061

GPS Data:

Date of Measurement: 10/30/2009 PDOP Reading: 1.6 GPS Instrument Operator's Name: Cody Mattson** If directional footage at Top of Prod. Zone Dist.: 2083 feet Direction: FSL Dist.: 2132 feet Direction: FWLSec: 20 Twp: 2N Rng: 68W** If directional footage at Bottom Hole Dist.: 2080 feet Direction: FSL Dist.: 2137 feet Direction: FWLSec: 20 Twp: 2N Rng: 68WField Name: SPINDLE Field Number: 77900

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/31/2009 Date TD: 06/04/2009 Date Casing Set or D&A: 06/06/2009

Rig Release Date: _____ Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 8070 TVD** 7693 Plug Back Total Depth MD 8042 TVD** 7665Elevations GR 4901 KB 4916 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	771	530	0	771	VISU
1ST	7+7/8	4+1/2	11.6	0	8,059	1,055	1,400	8,059	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/28/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	1,205	190	90	1,226

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: 12/16/2014

Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
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Attachment Checklist

400752734	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

400752720	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400752732	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400752733	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400752737	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)