

FORM
5Rev
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:

400821855

Date Received:

04/08/2015

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 05-123-24686-00

County: WELD

Well Name: MAYER

Well Number: 22-15

Location: QtrQtr: SENW Section: 15 Township: 3N Range: 67W Meridian: 6

Footage at surface: Distance: 2032 feet Direction: FNL Distance: 1958 feet Direction: FWL

As Drilled Latitude: 40.227275 As Drilled Longitude: -104.879211

GPS Data:

Date of Measurement: 11/18/2009 PDOP Reading: 2.3 GPS Instrument Operator's Name: Cody Mattson

** If directional footage at Top of Prod. Zone Dist.: 2557 feet Direction: FNL Dist.: 1293 feet Direction: FWL

Sec: 15 Twp: 3N Rng: 67W

** If directional footage at Bottom Hole Dist.: 2553 feet Direction: FNL Dist.: 1290 feet Direction: FWL

Sec: 15 Twp: 3N Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/14/2008 Date TD: 01/27/2008 Date Casing Set or D&A: 01/29/2008

Rig Release Date: 03/26/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7332 TVD** 7240 Plug Back Total Depth MD 7304 TVD** 7212

Elevations GR 4795 KB 4810 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	841	370	0	841	VISU
1ST	7+7/8	4+1/2	11.6	0	7,322	495	3,050	7,322	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/23/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	1,513	175	755	1,550

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: 4/8/2015

Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
-------------	---------------	------------	--

Attachment Checklist

400821915	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

400821855	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400821856	OPERATIONS SUMMARY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400821857	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400821858	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group** **Comment****Comment Date**

--	--	--

Total: 0 comment(s)