

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:

400699455

Date Received:

10/15/2014

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 05-123-29114-00 County: WELD  
Well Name: STATE Well Number: 6-16  
Location: QtrQtr: SWNW Section: 16 Township: 1N Range: 68W Meridian: 6  
Footage at surface: Distance: 1466 feet Direction: FNL Distance: 1025 feet Direction: FWL  
As Drilled Latitude: 40.054322 As Drilled Longitude: -105.014542

GPS Data:  
Date of Measurement: 03/24/2009 PDOP Reading: 2.1 GPS Instrument Operator's Name: Cody Mattson

\*\* If directional footage at Top of Prod. Zone Dist.: 1951 feet Direction: FNL Dist.: 1980 feet. Direction: FWL  
Sec: 16 Twp: 1N Rng: 68W  
\*\* If directional footage at Bottom Hole Dist.: 1955 feet Direction: FNL Dist.: 1983 feet. Direction: FWL  
Sec: 16 Twp: 1N Rng: 68W

Field Name: WATTENBERG Field Number: 90750  
Federal, Indian or State Lease Number: 70/8750-S

Spud Date: (when the 1st bit hit the dirt) 12/11/2008 Date TD: 12/15/2008 Date Casing Set or D&A: 12/16/2008  
Rig Release Date: 09/18/2014 Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 8228 TVD\*\* 8107 Plug Back Total Depth MD 8188 TVD\*\* 8067

Elevations GR 5160 KB 5175 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	999	630	0	999	VISU
1ST	7+7/8	4+1/2	11.6	0	8,218	635	3,520	8,218	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/21/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	1ST	3,421	300	2,870	3,421
PERF & PUMP	1ST	1,701	200	840	1,701

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: 10/15/2014 Email: rscdjpostdrill@anadarko.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400699467	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"/>
<b>Other Attachments</b>			
400699455	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699465	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699466	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699469	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400699481	PDF-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)