

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



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Document Number:
401093998

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: (970) 336-3517
Address: P O BOX 173779 Fax: _____
City: DENVER State: CO Zip: 80217-

API Number 05-123-29022-00 County: WELD
Well Name: STATE Well Number: 13-16
Location: QtrQtr: NESW Section: 16 Township: 1N Range: 68W Meridian: 6
Footage at surface: Distance: 1903 feet Direction: FSL Distance: 1894 feet Direction: FWL
As Drilled Latitude: 40.049136 As Drilled Longitude: -105.011450

GPS Data:
Date of Measurement: 03/24/2009 PDOP Reading: 3.5 GPS Instrument Operator's Name: Cody Mattson

** If directional footage at Top of Prod. Zone Dist.: 659 feet. Direction: FSL Dist.: 670 feet. Direction: FWL
Sec: 16 Twp: 1N Rng: 68W

** If directional footage at Bottom Hole Dist.: 654 feet. Direction: FSL Dist.: 681 feet. Direction: FWL
Sec: 16 Twp: 1N Rng: 68W

Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: 70/8570-S

Spud Date: (when the 1st bit hit the dirt) 10/22/2008 Date TD: _____ Date Casing Set or D&A: _____
Rig Release Date: 11/06/2008 Per Rule 308A.b.

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

Total Depth MD 8445 TVD** 8118 Plug Back Total Depth MD 8397 TVD** 8070

Elevations GR 5191 KB 5206 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	907	570	0	907	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/22/2016

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	1,432	183	420	1,428

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:

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: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401094022	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"/>
401094021	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
401094017	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401094019	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401094020	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)