

FORM  
5Rev  
09/14State 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:

401185097

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 &amp; GAS ONSHORE LP

Phone: (970) 336-3517

Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

API Number 05-123-11077-00

County: WELD

Well Name: MARKHAM

Well Number: 1

Location: QtrQtr: SWNW Section: 15 Township: 4N Range: 68W Meridian: 6

Footage at surface: Distance: 1650 feet Direction: FNL Distance: 990 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

## GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* 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: 63385

Spud Date: (when the 1st bit hit the dirt) 05/23/1983 Date TD: Date Casing Set or D&amp;A:

Rig Release Date: 06/09/1983 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 7280 TVD\*\* Plug Back Total Depth MD 7238 TVD\*\*

Elevations GR 4949 KB 4962 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             | 506           | 425       | 0       | 506     | CALC   |

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/10/2016

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| 1 INCH      | 1ST    | 800                               | 205           | 0          | 862           |

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 5A WILL BE SUBMITTED FOR THE NB-CD RECOMPLETE.

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

|           |                       |     |                                     |    |                                     |
|-----------|-----------------------|-----|-------------------------------------|----|-------------------------------------|
| 401185105 | 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"/>            |
| 401185104 | Other                 | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

#### Other Attachments

|           |                    |     |                                     |    |                          |
|-----------|--------------------|-----|-------------------------------------|----|--------------------------|
| 401185101 | PDF-CEMENT BOND    | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 401185102 | WELLBORE DIAGRAM   | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 401185103 | OPERATIONS SUMMARY | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

### General Comments

**User Group**      **Comment**      **Comment Date**

|  |  |                     |
|--|--|---------------------|
|  |  | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)