

FORM
5Rev
10/14

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:

402298605

Date Received:

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/or 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: KRISTINA GENO

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6824

Address: P O BOX 173779

Fax:

City: DENVER

State: CO

Zip: 80217-

Email: kristina_geno@oxy.com

API Number 05-123-14453-00

County: WELD

Well Name: LUDWIG 1-5

Well Number: 1

Location: QtrQtr: NWNE Section: 5 Township: 3N Range: 65W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1115 feet Direction: FNL Distance: 1655 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:
FNL/FSL FEL/FWL

** 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:

Spud Date: (when the 1st bit hit the dirt) 10/27/1989 Date TD: 11/01/1989 Date Casing Set or D&A:

Rig Release Date: 11/02/1989 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7924 TVD** Plug Back Total Depth MD 7866 TVD**

Elevations GR 4869 KB 11 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	514	300	0	514	VISU
1ST	7+7/8	4+1/2	11.6	0	7,906	300	4,700	7,906	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/06/1999

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	4,600	150	4,300	4,600
PERF & PUMP	1ST	4,548	100	4,532	4,548

Details of work:

5/20/1999 - ABOUT 150SX CEMENT CIRCULATED THROUGH THE PERFORATIONS FROM 4646 - 4300; LIKELY DRILLED-OUT OF THE PRODUCTION CASING, LEAVING THE CEMENT ONLY BEHIND THE PRODUCTION CASING.

6/2/1999 - PERFORATED THE SUSSEX PRODUCING ZONE FROM 4532 - 4548 W 64 SHOTS AND 0.38 DIAMETER.

12/6/1999 - PUMPED 100 SX CEMENT INTO THE PRODUCING PERFORATIONS; LIKELY DRILLED OUT OF THE PRODUCTION CASING, LEAVING THE ONLY CEMENT BEHIND CASING/IN PERFORATIONS DUE TO CONTINUED PRODUCTION FROM THE J SAND.

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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: KRISTINA GENO

Title: REGULATORY ANALYST

Date: _____

Email: kristina_geno@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
402298807	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

