

FORM  
5  
Rev  
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: <u>47120</u>	Contact Name: <u>KRISTINA GENO</u>
Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 929-6824</u>
Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>kristina_geno@oxy.com</u>

API Number <u>05-123-14453-00</u>	County: <u>WELD</u>
Well Name: <u>LUDWIG 1-5</u>	Well Number: <u>1</u>
Location: QtrQtr: <u>NWNE</u> Section: <u>5</u> Township: <u>3N</u> Range: <u>65W</u> Meridian: <u>6</u>	
FNL/FSL <span style="float: right;">FEL/FWL</span>	
Footage at surface: Distance: <u>1115</u> feet Direction: <u>FNL</u> Distance: <u>1655</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: _____ As Drilled Longitude: _____	
GPS Data:	
Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____	
FNL/FSL <span style="float: right;">FEL/FWL</span>	
** If directional footage at Top of Prod. Zone Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____	
Sec: _____ Twp: _____ Rng: _____	
FNL/FSL <span style="float: right;">FEL/FWL</span>	
** If directional footage at Bottom Hole Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____	
Sec: _____ Twp: _____ Rng: _____	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
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 <u>7924</u> TVD** _____ Plug Back Total Depth MD <u>7866</u> TVD** _____
Elevations GR <u>4869</u> KB <u>11</u> <b>Digital Copies of ALL Logs must be Attached per Rule 308A</b> <input type="checkbox"/>

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

Total: 0 comment(s)

