

**FORM  
5**Rev  
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400236873

**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

1. OGCC Operator Number: 47120

4. Contact Name: Emily Carrender

2. Name of Operator: KERR-MCGEE OIL &amp; GAS ONSHORE LP

Phone: (720) 929-6282

3. Address: P O BOX 173779

Fax: (720) 929-7282

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-33014-00

6. County: WELD

7. Well Name: MARKHAM

Well Number: 34-8

8. Location: QtrQtr: SWSW Section: 8 Township: 2N Range: 65W Meridian: 6

Footage at surface: Distance: 1100 feet Direction: FSL Distance: 640 feet Direction: FWL

As Drilled Latitude: 40.148991 As Drilled Longitude: -104.694954

## GPS Data:

Data of Measurement: 12/27/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 66 feet. Direction: FSL Dist.: 69 feet. Direction: FWL

Sec: 8 Twp: 2N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 64 feet. Direction: FSL Dist.: 72 feet. Direction: FWL

Sec: 8 Twp: 2N Rng: 65W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/09/2011 13. Date TD: 11/12/2011 14. Date Casing Set or D&amp;A: 11/13/2011

## 15. Well Classification:

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

16. Total Depth MD 8014 TVD\*\* 7884 17 Plug Back Total Depth MD 7987 TVD\*\* 7857

18. Elevations GR 4940 KB 4955

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

PRE FORM 5

## 20. Casing, Liner and Cement:

**CASING**

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	0	841	530	15	841	CALC
1ST	7+7/8	4+1/2	11.6	0	8,004	233	6,632	8,004	CALC

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 11/13/2011					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,637	685	641	5,637
Details of work:					

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	4,178		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,546	4,736	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,153		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,412		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,436		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,886		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: \_\_\_\_\_ Print Name: Emily Carrender

Title: Operation Specialist I Date: \_\_\_\_\_ Email: emily.carrender@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400236876	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400236877	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)