

FORM  
5Rev  
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:

400238666

## 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: Cindy Vue

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

Phone: (720) 929-6832

3. Address: P O BOX 173779

Fax: (720) 929-7832

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-33618-00

6. County: WELD

7. Well Name: WETHINGTON

Well Number: 7-7

8. Location: QtrQtr: SENW Section: 7 Township: 1N Range: 66W Meridian: 6

Footage at surface: Distance: 1505 feet Direction: FNL Distance: 2628 feet Direction: FWL

As Drilled Latitude: 40.068742 As Drilled Longitude: -104.820472

## GPS Data:

Data of Measurement: 10/12/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 2110 feet. Direction: FNL Dist.: 2135 feet. Direction: FEL

Sec: 7 Twp: 1N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 2075 feet. Direction: FNL Dist.: 2136 feet. Direction: FEL

Sec: 7 Twp: 1N Rng: 66W

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) 09/02/2011 13. Date TD: 09/07/2011 14. Date Casing Set or D&amp;A: 09/08/2011

## 15. Well Classification:

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

16. Total Depth MD 7742 TVD\*\* 7633 17 Plug Back Total Depth MD 7718 TVD\*\* 7609

18. Elevations GR 4902 KB 4917

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:

CD-CN-ML, HRI; CBL

## 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             | 902           | 570       | 15      | 902     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6# | 0             | 7,733         | 1,035     | 110     | 7,733   | CBL    |

## STAGE/TOP OUT/REMEDIAL CEMENT

|                         |        |                                   |               |            |               |
|-------------------------|--------|-----------------------------------|---------------|------------|---------------|
| Cement work date: _____ |        |                                   |               |            |               |
| Method used             | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|                         |        |                                   |               |            |               |
| 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                                | 4,312          | 4,530  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SUSSEX                                 | 4,680          | 4,925  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA                               | 7,204          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS                              | 7,515          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL                                 | 7,540          |        | <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: Cindy Vue  |
| Title: Regulatory Analyst II Date: _____ Email: Cindy.Vue@anadarko.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"/> |

### General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
|                   |                |                     |

Total: 0 comment(s)