

FORM  
5

Rev  
02/08

State 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:

400304364

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

1. OGCC Operator Number: 47120  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP  
3. Address: P O BOX 173779  
City: DENVER State: CO Zip: 80217-  
4. Contact Name: Emily Carrender  
Phone: (720) 929-6282  
Fax: (720) 929-7282

5. API Number 05-123-34718-00  
6. County: WELD  
7. Well Name: BERGER Well Number: 3-2  
8. Location: QtrQtr: NWNW Section: 2 Township: 1N Range: 67W Meridian: 6  
Footage at surface: Distance: 1323 feet Direction: FNL Distance: 1086 feet Direction: FWL  
As Drilled Latitude: As Drilled Longitude:

GPS Data:

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

\*\* If directional footage at Top of Prod. Zone Dist.: 643 feet. Direction: FNL Dist.: 1949 feet. Direction: FWL  
Sec: 2 Twp: 1N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 646 feet. Direction: FNL Dist.: 1959 feet. Direction: FWL  
Sec: 2 Twp: 1N Rng: 67W

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) 06/16/2012 13. Date TD: 06/18/2012 14. Date Casing Set or D&A: 06/19/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8293 TVD\*\* 8165 17 Plug Back Total Depth MD 8025 TVD\*\* 7897

18. Elevations GR 4961 KB 4976

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	939	590	15	939	CALC
1ST	7+7/8	4+1/2	11.6	0	8,285	50	8,025	8,285	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/19/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	8,025	1,015	700	8,025

Details of work:

21. Formation log intervals and test zones:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	4,252	4,482	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,670	4,930	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,390		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,684		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,706		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,136		<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 ?	
<b><u>Attachment Checklist</u></b>			
400304375	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400304374	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"/>
<b><u>Other Attachments</u></b>			
400304376	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### **General Comments**

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total: 0 comment(s)