

FORM  
5Rev  
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



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Document Number:

400313761

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

4. Contact Name: JOEL MALEFYT

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

Phone: (720) 929-6828

3. Address: P O BOX 173779

Fax: (720) 929-7828

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-34477-00

6. County: WELD

7. Well Name: NORTHGLENN STATE

Well Number: 9-36

8. Location: QtrQtr: SWSE Section: 36 Township: 1N Range: 68W Meridian: 6

Footage at surface: Distance: 1319 feet Direction: FSL Distance: 2491 feet Direction: FEL

As Drilled Latitude: 40.003955 As Drilled Longitude: -104.951440

## GPS Data:

Data of Measurement: 04/16/2012 PDOP Reading: 2.2 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 2137 feet. Direction: FSL Dist.: 690 feet. Direction: FEL

Sec: 36 Twp: 1N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 2154 feet. Direction: FSL Dist.: 706 feet. Direction: FEL

Sec: 36 Twp: 1N Rng: 68W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number: 70/8571-S

12. Spud Date: (when the 1st bit hit the dirt) 03/09/2012 13. Date TD: 03/13/2012 14. Date Casing Set or D&amp;A: 03/14/2012

## 15. Well Classification:

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

16. Total Depth MD 8905 TVD\*\* 8512 17 Plug Back Total Depth MD 8633 TVD\*\* 8240

18. Elevations GR 5120 KB 5135

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:

CBL; AI-GR; AI-DN-GR; SD-DSN-GR

## 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	1,038	690	15	1,038	CALC
1ST	7+7/8	4+1/2	11.6	0	8,886	50	8,648	8,886	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/13/2012					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	8,634	1,100	957	8,634
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	4,790		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,260		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,913		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,287		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,309		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,770		<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: JOEL MALEFYT

Title: REGULATORY ANALYST Date: \_\_\_\_\_ Email: JOEL.MALEFYT@ANADARKO.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400313798	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400313799	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"/>
<u>Other Attachments</u>					
400313800	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)