

Document Number:
400598427

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: REBECCA HEIM
 2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6361
 3. Address: P O BOX 173779 Fax: (720) 929-7361
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-16169-00 6. County: WELD
 7. Well Name: HSR-BRANDEL Well Number: 5-14
 8. Location: QtrQtr: SWNW Section: 14 Township: 3N Range: 66W Meridian: 6
 Footage at surface: Distance: 2041 feet Direction: FNL Distance: 607 feet Direction: FWL
 As Drilled Latitude: 40.226335 As Drilled Longitude: -104.751232

GPS Data:
 Date of Measurement: 08/01/2007 PDOP Reading: 2.5 GPS Instrument Operator's Name: Steve Fisher

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

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) 09/19/1992 13. Date TD: _____ 14. Date Casing Set or D&A: _____

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7492 TVD** _____ 17 Plug Back Total Depth MD 7413 TVD** _____

18. Elevations GR 4912 KB 4922 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:

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	555	39	0	555	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/17/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
NON CEMENT SQUEEZE	1ST	7,488	30	3,022	3,354
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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5 FOR REMEDIAL CEMENT JOB

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

Signed: _____ Print Name: REBECCA HEIM

Title: SR. REGULATORY ANALYST Date: _____ Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400599812	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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"/>
Other Attachments			
400598438	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400598440	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400598441	CORRESPONDENCE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)