

**FORM**  
**5**  
Rev  
09/14

**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:  
400984918

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

OGCC Operator Number: 47120 Contact Name: DOREEN GREEN  
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (435) 781-9758  
 Address: P O BOX 173779 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80217-

API Number 05-123-16696-00 County: WELD  
 Well Name: HSR-GOLDSMITH Well Number: 11-31  
 Location: QtrQtr: NESW Section: 31 Township: 4N Range: 66W Meridian: 6  
 Footage at surface: Distance: 1863 feet Direction: FSL Distance: 2115 feet Direction: FWL  
 As Drilled Latitude: 40.265880 As Drilled Longitude: -104.822300

GPS Data:  
 Date of Measurement: 12/09/2006 PDOP Reading: 3.3 GPS Instrument Operator's Name: Chris 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: \_\_\_\_\_

Field Name: WATTENBERG Field Number: 90750  
 Federal, Indian or State Lease Number: 60719

Spud Date: (when the 1st bit hit the dirt) 03/04/1993 Date TD: \_\_\_\_\_ Date Casing Set or D&A: \_\_\_\_\_  
 Rig Release Date: 03/09/1993 Per Rule 308A.b.

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

Total Depth MD 7429 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 7372 TVD\*\* \_\_\_\_\_

Elevations GR 4771 KB 4781 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
 \_\_\_\_\_

**CASING, LINER AND CEMENT**

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	454	310	0	454	CALC
1ST	7+7/8	4+1/2	11.6	0	7,401	633	4,005	7,401	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 01/12/2016

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	1,050	270	155	1,150
	SURF	155	90	10	155
	SURF	5	30	0	5

Details of work:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Comment:

HZ SAFETY PREP-REMEDIAL CEMENT

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

Signed: \_\_\_\_\_

Print Name: DOREEN GREEN

Title: REGULATORY ANALYST

Date: \_\_\_\_\_

Email: RSCDJPOSTDRILL@ANADARKO.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400984923	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
400984921	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400984919	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400984920	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400984922	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400986021	GYRO SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)

