

FORM
5
Rev
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:
1637949

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 & GAS ONSHORE LP Phone: (720) 929-6000
3. Address: P O BOX 173779 Fax: (720) 929-7461
City: DENVER State: CO Zip: 80217-37

5. API Number 05-001-09684-00 6. County: ADAMS
7. Well Name: PARTERRE Well Number: 23-16
8. Location: QtrQtr: NWSW Section: 16 Township: 1S Range: 67W Meridian: 6
Footage at surface: Direction: FSL Distance: 1513 Direction: FWL Distance: 1324
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 Distance: 1347 Direction: FSL Distance: 2481 Direction: FWL
at Bottom Hole Distance: 1343 Direction: FSL Distance: 2492 Direction: FWL

9. Field Name: SPINDLE 10. Field Number: 77900
11. Federal, Indian or State Lease Number: 70/8159

12. Spud Date: (when the 1st bit hit the dirt) 11/23/2009 13. Date TD: 12/22/2009 14. Date Casing Set or D&A: 12/23/2009

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

16. Total Depth MD 8300 TVD 8169 17 Plug Back Total Depth MD 8253 TVD 8122

18. Elevations GR 5160 KB 5175 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, MICROLOG, INDUCTION, DENS-NEUTRON

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8		1,220	350	1,220	0
1ST	7+7/8	4+1/2		8,287	907	8,287	1,120

REMEDIAL CEMENT

Cement work date: _____

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	4,720	4,900	<input type="checkbox"/>	<input type="checkbox"/>	SURFACE: 1220
SUSSEX	5,050	5,305	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,535	5,700	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,672		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,078		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,102		<input type="checkbox"/>	<input type="checkbox"/>	

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: REG ANALYST Date: 1/5/2010 Email: CINDY.VUE@ANADARKO.COM

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Nash* Director of COGCC Date: 6/21/2010

Attachment Check List

Att Doc Num	Name	Doc Description
1543815	DUAL INDUCTION	LF@2480879 1543815
1543816	DENSITY/NEUTRON	LF@2480882 1543816
1543817	MICROLOG	LF@2480881 1543817
1543818	CEMENT BOND	LF@2480884 1543818
1637949	FORM 5 SUBMITTED	LF@2480819 1637949
2553705	CMT SUMMARY	LF@2480820 2553705
2553706	DIRECTIONAL SURVEY	LF@2480821 2553706

Total Attach: 7 Files