

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:

400107288

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) 929-6832
3. Address: P O BOX 173779 Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31343-00 6. County: WELD
7. Well Name: NRC Well Number: 16-9
8. Location: QtrQtr: SWSE Section: 9 Township: 1N Range: 67W Meridian: 6
Footage at surface: Direction: FSL Distance: 1086 Direction: FEL Distance: 1501
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: 637 Direction: FSL Distance: 666 Direction: FEL
Sec: 9 Twp: 1N Rng: 67W
at Bottom Hole Distance: 627 Direction: FSL Distance: 651 Direction: FEL
Sec: 9 Twp: 1N Rng: 67W

9. Field Name: SPINDLE 10. Field Number: 77900

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 09/23/2010 13. Date TD: 09/26/2010 14. Date Casing Set or D&A: 09/28/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8565 TVD 8465 17 Plug Back Total Depth MD 5791 TVD 5691

18. Elevations GR 5025 KB 5040

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:

PRELIMINARY FORM 5

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	24#	1,018	640	1,018	0
1ST	6+3/4	4+1/2	11.6#	5,791	165	5,791	900
2ND	6+3/4	4+1/2	11.6#	8,565	440	8,565	6,926

ADDITIONAL CEMENT

Cement work date: 09/28/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,791	165	900	5,791

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	4,298		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,781		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,426		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,769		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,212		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	8,392		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

PRELIMINARY FORM 5

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: Regulatory Analyst II Date: _____ Email: Cindy.Vue@anadarko.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400107293	CEMENT JOB SUMMARY	NRC 16-9 Surface Cement Ticket.pdf
400107294	DIRECTIONAL SURVEY	Surveys NRC 16-9 to 8565 td.pdf

Total Attach: 2 Files