

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:

400110311

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: Kenny Trueax
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6383
3. Address: P O BOX 173779 Fax: (720) 929-7383
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31274-00 6. County: WELD
7. Well Name: NRC Well Number: 37-9
8. Location: QtrQtr: SWSE Section: 9 Township: 1N Range: 67W Meridian: 6
Footage at surface: Direction: FSL Distance: 1055 Direction: FEL Distance: 1499
As Drilled Latitude: 40.061176 As Drilled Longitude: -104.891677

GPS Data:

Data of Measurement: 11/03/2010 PDOP Reading: 2.1 GPS Instrument Operator's Name: Renee Doiron

** If directional footage

at Top of Prod. Zone Distance: 41 Direction: FSL Distance: 1332 Direction: FEL
Sec: 9 Twp: 1N Rng: 67W
at Bottom Hole Distance: 40 Direction: FSL Distance: 1322 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) 10/05/2010 13. Date TD: 10/08/2010 14. Date Casing Set or D&A: 10/09/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8396 TVD 8262 17 Plug Back Total Depth MD 5919 TVD 5785

18. Elevations GR 5026 KB 5041

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 Top | Cement Bot | Status |
|-------------|--------------|----------------|-----------------|---------------|--------------|------------|------------|--------|
| SURF | 12+1/4 | 8+5/8 | 24# | 1,015 | 640 | 0 | 1,015 | CALC |
| 1ST | 6+3/4 | 4+1/2 | 11.6# | 8,386 | 545 | 815 | 8,386 | CBL |

ADDITIONAL CEMENT

Cement work date: 10/10/2010

Details of work:

Bottom of 1st stage 8386' & 140 sacks cement

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| DV TOOL | 1ST | 5,920 | 405 | 815 | 5,920 |

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 | |
| SUSSEX | 4,710 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,458 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,784 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,806 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 8,248 | | <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: Kenny Trueax

Title: Regulatory Analyst II Date: _____ Email: kenny.trueax@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 |
|-------------|--------------------|
| 400110344 | DIRECTIONAL SURVEY |
| 400110346 | CEMENT JOB SUMMARY |

Total Attach: 2 Files