

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

DRILLING COMPLETION REPORT

Document Number:

2556227

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 05-123-22610-00 6. County: WELD
7. Well Name: MORNING FRESH Well Number: 14-10X
8. Location: QtrQtr: SESW Section: 10 Township: 3N Range: 66W Meridian: 6
Footage at surface: Distance: 550 feet Direction: FSL Distance: 2180 feet Direction: FWL
As Drilled Latitude: 40.233741 As Drilled Longitude: -104.765122

GPS Data:

Data of Measurement: 10/03/2006 PDOP Reading: 2.6 GPS Instrument Operator's Name: CHRIS FISHER

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ 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) 01/15/2005 13. Date TD: 01/20/2005 14. Date Casing Set or D&A: 01/21/2005

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7496 TVD _____ 17 Plug Back Total Depth MD 7464 TVD _____

18. Elevations GR 4870 KB 4884

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:

WELL SIDETRACKED, CBL, CNLD, AILC

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		541	380	0	541	CALC

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
FORT HAYS	7,312		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,334		<input type="checkbox"/>	<input type="checkbox"/>	CODELL ABSENT, SIDETRACK ORIGINAL WELLBORE. TOC@5200' W/480 SX SMT.

Comment: _____

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: REGUALTORY ANALYST II Date: 6/22/2010 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: *David S. Nash* Director of COGCC Date: 11/29/2010

Attachment Check List

Att Doc Num	Name
2072021	CEMENT JOB SUMMARY
2556227	FORM 5 SUBMITTED

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Req digital logs & explanation of purpose of form 5. Also req cement tkts for 480 sx cmt.	11/29/2010 8:09:37 AM

Total: 1 comment(s)