

FORM
5Rev
02/08State 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:

400124878

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: CARA MAHLER

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6029

3. Address: P O BOX 173779

Fax: (720) 929-7029

City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31439-00

6. County: WELD

7. Well Name: MAPLEWOOD

Well Number: 13-7

8. Location: QtrQtr: SWSW Section: 7 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 902 feet Direction: FSL Distance: 942 feet Direction: FWL

As Drilled Latitude: 40.323461 As Drilled Longitude: -104.938388

GPS Data:

Data of Measurement: 12/07/2010 PDOP Reading: 3.3 GPS Instrument Operator's Name: RENEE DOIRON

** If directional footage

at Top of Prod. Zone Distance: 557 feet Direction: FSL Distance: 507 feet Direction: FWL

Sec: 7 Twp: 4N Rng: 67W

at Bottom Hole Distance: 560 feet Direction: FSL Distance: 509 feet Direction: FWL

Sec: 7 Twp: 4N Rng: 67W

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) 11/02/2010 13. Date TD: 11/04/2010 14. Date Casing Set or D&A: 11/05/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7290 TVD 7222 17 Plug Back Total Depth MD 7241 TVD 7173

18. Elevations GR 4848 KB 4865

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:

GR-CCL-CB-VDL. NO OPEN HOLE LOGS RUN, BRIDGED OUT AT 1768'

20. Casing, Liner and Cement:

CASING

| 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 | 820 | 520 | 0 | 820 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6# | 0 | 7,278 | 970 | 266 | 7,278 | CBL |

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 | |
| SUSSEX | 4,187 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,834 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,110 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,130 | | <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: CARA MAHLER

Title: REGULATORY ANALYST I

Date: _____

Email: CARA.MAHLER@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 |
|-------------|--------------------|
| 400124886 | DIRECTIONAL SURVEY |
| 400124887 | CEMENT JOB SUMMARY |

Total Attach: 2 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)