

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:

400125067

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 completion1. OGCC Operator Number: 471204. Contact Name: CARA MAHLER2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LPPhone: (720) 929-60293. Address: P O BOX 173779Fax: (720) 929-7029City: DENVER State: CO Zip: 80217-375. API Number 05-123-31367-006. County: WELD7. Well Name: KERR-MCGEEWell Number: 23-38. Location: QtrQtr: NWSW Section: 3 Township: 1N Range: 68W Meridian: 6Footage at surface: Distance: 1674 feet Direction: FSL Distance: 1142 feet Direction: FWLAs Drilled Latitude: 40.077627 As Drilled Longitude: -104.994874

GPS Data:

Data of Measurement: 10/14/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: RENEE DOIRON

** If directional footage

at Top of Prod. Zone Distance: 1345 feet Direction: FSL Distance: 2590 feet Direction: FELSec: 3 Twp: 1N Rng: 68Wat Bottom Hole Distance: 1351 feet Direction: FSL Distance: 2579 feet Direction: FELSec: 3 Twp: 1N Rng: 68W9. Field Name: WATTENBERG10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/30/2010 13. Date TD: 08/02/2010 14. Date Casing Set or D&A: 08/03/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8640 TVD 8372 17 Plug Back Total Depth MD 8584 TVD 831618. Elevations GR 5042 KB 5059

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:

CD-CN-ML, GR-CCL-CB-VDL, DI-GL-GR

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	999	670	0	999	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,622	245	7,012	8,622	CBL

ADDITIONAL CEMENT

Cement work date: 08/03/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,828	725	1,925	5,828

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	4,870		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,726		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,035		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,059		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,505		<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

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)