

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:

400129069

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: Cindy Vue2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LPPhone: (720) 929-68323. Address: P O BOX 173779Fax: (720) 929-7832City: DENVER State: CO Zip: 80217-375. API Number 05-123-32120-006. County: WELD7. Well Name: RIVERBENDWell Number: 22-188. Location: QtrQtr: SWSW Section: 18 Township: 1N Range: 66W Meridian: 6Footage at surface: Distance: 816 feet Direction: FSL Distance: 880 feet Direction: FWLAs Drilled Latitude: 40.046096 As Drilled Longitude: -104.826568

GPS Data:

Data of Measurement: 12/01/2010 PDOP Reading: 2.8 GPS Instrument Operator's Name: Renee Doiron

** If directional footage

at Top of Prod. Zone Distance: 2615 feet Direction: FSL Distance: 1350 feet Direction: FWLSec: 18 Twp: 1N Rng: 66Wat Bottom Hole Distance: 2619 feet Direction: FSL Distance: 1340 feet Direction: FWLSec: 18 Twp: 1N Rng: 66W9. Field Name: WATTENBERG10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 11/10/2010 13. Date TD: 11/14/2010 14. Date Casing Set or D&A: 11/15/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8425 TVD 8052 17 Plug Back Total Depth MD 8379 TVD 800618. Elevations GR 4919 KB 4936

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, DI-GL-GR, CBL

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	928	620	0	928	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,401	1,120	993	8,407	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	4,864		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,490		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,810		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,834		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,274		<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: 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
400129089	DIRECTIONAL SURVEY
400129090	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)