

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:
400129296

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 05-123-30928-00 6. County: WELD
7. Well Name: VARRA Well Number: 20-32
8. Location: QtrQtr: SESE Section: 32 Township: 3N Range: 67W Meridian: 6
Footage at surface: Distance: 411 feet Direction: FSL Distance: 477 feet Direction: FEL
As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage
at Top of Prod. Zone Distance: 1275 feet Direction: FSL Distance: 1248 feet Direction: FEL
Sec: 32 Twp: 3N Rng: 67W
at Bottom Hole Distance: 1270 feet Direction: FSL Distance: 1236 feet Direction: FEL
Sec: 32 Twp: 3N 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) 01/19/2011 13. Date TD: 01/23/2011 14. Date Casing Set or D&A: 01/24/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8062 TVD 7932 17 Plug Back Total Depth MD 8020 TVD 7890

18. Elevations GR 4835 KB 4850 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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24#	0	1,167	730	0	1,167	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,053	1,020	1,060	8,053	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	
SUSSEX	4,250		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,167		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,425		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,446		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,887		<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
400129298	CEMENT JOB SUMMARY
400129299	DIRECTIONAL SURVEY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)