

**FORM
5**Rev
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:

400132190

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: 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 05-001-09722-00 6. County: ADAMS
7. Well Name: TALON VIEW Well Number: 12-9
8. Location: QtrQtr: SENW Section: 9 Township: 1S Range: 67W Meridian: 6
Footage at surface: Distance: 1544 feet Direction: FNL Distance: 1321 feet Direction: FWL
As Drilled Latitude: 39.982169 As Drilled Longitude: -104.898599

GPS Data:

Data of Measurement: 11/04/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: Renee Doiron

** If directional footage

at Top of Prod. Zone Distance: 2002 feet Direction: FSL Distance: 671 feet Direction: FWL
Sec: 9 Twp: 1S Rng: 67W
at Bottom Hole Distance: 1996 feet Direction: FSL Distance: 680 feet Direction: FWL
Sec: 9 Twp: 1S Rng: 67W

9. Field Name: SPINDLE 10. Field Number: 77900

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 10/20/2010 13. Date TD: 10/24/2010 14. Date Casing Set or D&A: 10/24/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8860 TVD 8525 17 Plug Back Total Depth MD 8809 TVD 847418. Elevations GR 5155 KB 5172

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	1,194	850	0	1,194	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,847	1,110	898	8,847	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	
PARKMAN	4,762		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,176		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,842		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,281		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,713		<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
400132194	DIRECTIONAL SURVEY
400132195	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)