

**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:

2556241

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: _____
3. Address: P O BOX 173779 Fax: _____
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-15217-00 6. County: WELD
7. Well Name: DINNER Well Number: 42-14 (#1)
8. Location: QtrQtr: SENE Section: 14 Township: 4N Range: 66W Meridian: 6
Footage at surface: Distance: 2046 feet Direction: FNL Distance: 471 feet Direction: FEL
As Drilled Latitude: 40.313619 As Drilled Longitude: -104.736625

GPS Data:

Data of Measurement: 08/12/2008 PDOP Reading: 2.3 GPS Instrument Operator's Name: CODY MATTSON

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: WATTENBERG 10. Field Number: 90750
11. Federal, Indian or State Lease Number: 67400

12. Spud Date: (when the 1st bit hit the dirt) 09/18/1991 13. Date TD: 09/23/1991 14. Date Casing Set or D&A: 09/24/1991

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7330 TVD _____ 17 Plug Back Total Depth MD 7294 TVD _____18. Elevations GR 4718 KB 4729 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:

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		0	320	310	0	320	CALC
1ST	7+7/8	4+1/2		0	7,323	190	6,520	7,323	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	4,696			
	1ST	2,177	100	2,176	2,444

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	
NIOBRARA	6,896		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,206		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CEMENT SQUEEZE COMPLETED 09/02/2009.

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: REG ANALYST II Date: 6/25/2010 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: David G. Nashin Director of COGCC Date: 2/23/2011

Attachment Check List

Att Doc Num	Name
2556241	FORM 5 SUBMITTED
2556242	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)