

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:

400146672

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 05-123-31539-006. County: WELD7. Well Name: COTTONWOODWell Number: 23-338. Location: QtrQtr: SWSE Section: 33 Township: 2N Range: 66W Meridian: 6Footage at surface: Distance: 753 feet Direction: FSL Distance: 1865 feet Direction: FELAs Drilled Latitude: 40.089436 As Drilled Longitude: -104.779375

GPS Data:

Data of Measurement: 01/05/2011 PDOP Reading: 3.1 GPS Instrument Operator's Name: Renee Doiron** If directional footage at Top of Prod. Zone Dist.: 1371 feet. Direction: FSL Dist.: 2591 feet. Direction: FELSec: 33 Twp: 2N Rng: 66W** If directional footage at Bottom Hole Dist.: 1366 feet. Direction: FSL Dist.: 2600 feet. Direction: FELSec: 33 Twp: 2N 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) 12/11/2010 13. Date TD: 12/14/2010 14. Date Casing Set or D&A: 12/15/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7805 TVD** 7683 17 Plug Back Total Depth MD 7765 TVD** 764318. Elevations GR 4982 KB 4996

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:

No Openhole logs run, bridged out @ 2265'.
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	993	630	0	993	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,795	1,037	845	7,795	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	
NIOBRARA	2,132	2,142	<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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400132903	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400132876	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

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

Total: 0 comment(s)