

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:

400148383

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 05-123-31343-00 6. County: WELD
7. Well Name: NRC Well Number: 16-9
8. Location: QtrQtr: SWSE Section: 9 Township: 1N Range: 67W Meridian: 6
Footage at surface: Distance: 1086 feet Direction: FSL Distance: 1501 feet Direction: FEL
As Drilled Latitude: 40.061259 As Drilled Longitude: -104.891687

GPS Data:

Data of Measurement: 11/03/2010 PDOP Reading: 2.1 GPS Instrument Operator's Name: RENEE DOIRON

** If directional footage at Top of Prod. Zone Dist.: 637 feet. Direction: FSL Dist.: 666 feet. Direction: FEL
Sec: 9 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 627 feet. Direction: FSL Dist.: 651 feet. Direction: FEL
Sec: 9 Twp: 1N 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) 09/23/2010 13. Date TD: 09/26/2010 14. Date Casing Set or D&A: 09/28/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8565 TVD** 8465 17 Plug Back Total Depth MD 8510 TVD** 841018. Elevations GR 5025 KB 5040

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:

GR-CCL-CB-VDL, PE-AI-LC, PE-CN-LD, PE-TC, PE-CV, PE-ML

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	1,018	640	1,018	0	CALC
2ND	6+3/4	4+1/2	11.6#	0	8,565	165	7,235	8,565	CBL

ADDITIONAL CEMENT

Cement work date: 09/28/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,783	440	836	5,783

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	4,298		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,781		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,426		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,769		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,212		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	8,392		<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 Date: _____ Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)