

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:

400151695

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 05-123-31589-00 6. County: WELD
7. Well Name: RURAL Well Number: 19-31
8. Location: QtrQtr: NWSW Section: 31 Township: 4N Range: 65W Meridian: 6
Footage at surface: Distance: 2520 feet Direction: FSL Distance: 1300 feet Direction: FWL
As Drilled Latitude: 40.268591 As Drilled Longitude: -104.710943

GPS Data:

Data of Measurement: 04/06/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: Renee Doiron

** If directional footage

at Top of Prod. Zone Distance: 1424 feet Direction: FSL Distance: 1218 feet Direction: FWL
Sec: 31 Twp: 4N Rng: 65W
at Bottom Hole Distance: 1424 feet Direction: FSL Distance: 1218 feet Direction: FWL
Sec: 31 Twp: 4N Rng: 65W

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) 01/30/2011 13. Date TD: 02/03/2011 14. Date Casing Set or D&A: 02/05/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7620 TVD 7476 17 Plug Back Total Depth MD 7563 TVD 741918. Elevations GR 4879 KB 4894

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, HRI, 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 | 638 | 440 | 0 | 638 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6# | 0 | 7,598 | 1,005 | 500 | 7,598 | 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 | 3,980 | 4,270 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,630 | 4,785 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,161 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,424 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,447 | | <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 |
|-------------|------|
| 400151701 | |
| 400151702 | |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)