

FORM 5 Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> Document Number: 400108575	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>47120</u>		4. Contact Name: <u>Cindy Vue</u>					
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>		Phone: <u>(720) 929-6832</u>					
3. Address: <u>P O BOX 173779</u>		Fax: <u>(720) 929-7832</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80217-37</u>					
5. API Number <u>05-123-31688-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>HIGHWAY 160</u>		Well Number: <u>8-2S</u>					
8. Location: QtrQtr: <u>SWNE</u> Section: <u>2</u> Township: <u>1N</u> Range: <u>66W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>1496</u> feet Direction: <u>FNL</u>		Distance: <u>1619</u> feet Direction: <u>FEL</u>					
As Drilled Latitude: <u>40.083263</u>		As Drilled Longitude: <u>-104.740635</u>					
GPS Data:							
Data of Measurement: <u>11/09/2010</u>		PDOP Reading: <u>4.5</u> GPS Instrument Operator's Name: <u>Renee Doiron</u>					
** If directional footage at Top of Prod. Zone		Dist.: <u>1998</u> feet. Direction: <u>FNL</u> Dist.: <u>902</u> feet. Direction: <u>FEL</u>					
Sec: <u>2</u> Twp: <u>1N</u> Rng: <u>66W</u>							
** If directional footage at Bottom Hole		Dist.: <u>2061</u> feet. Direction: <u>FNL</u> Dist.: <u>814</u> feet. Direction: <u>FEL</u>					
Sec: <u>2</u> Twp: <u>1N</u> Rng: <u>66W</u>							
9. Field Name: <u>WATTENBERG</u>		10. Field Number: <u>90750</u>					
11. Federal, Indian or State Lease Number: _____							
12. Spud Date: (when the 1st bit hit the dirt) <u>10/10/2010</u>		13. Date TD: <u>10/12/2010</u> 14. Date Casing Set or D&A: <u>10/13/2010</u>					
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD <u>5261</u> TVD** <u>5151</u>		17 Plug Back Total Depth MD <u>5216</u> TVD** <u>5106</u>					
18. Elevations GR <u>5104</u> KB <u>5121</u>		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:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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	1,174	740	0	1,174	CALC
1ST	7+7/8	4+1/2	11.6#	0	5,251	565	1,074	5,251	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	4,405		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,778		<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: 11/15/2010 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400108580	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400108579	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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"/>
Other Attachments			
400108575	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	Preliminary Form 5, no CBL yet.	4/26/2011 1:16:10 PM

Total: 1 comment(s)