

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



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

400160151

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 05-123-14827-00 6. County: WELD
7. Well Name: JAMES T CALHOUN UNIT Well Number: 2
8. Location: QtrQtr: NWSE Section: 31 Township: 3N Range: 66W Meridian: 6
Footage at surface: Distance: 1650 feet Direction: FSL Distance: 1542 feet Direction: FEL
As Drilled Latitude: 40.178500 As Drilled Longitude: -104.816150

GPS Data:

Data of Measurement: 07/24/2008 PDOP Reading: 2.9 GPS Instrument Operator's Name: CODY MATTSON

** If directional footage

at Top of Prod. Zone Distance: 1650 feet Direction: FSL Distance: 1542 feet Direction: FEL
Sec: 31 Twp: 3N Rng: 66W
at Bottom Hole Distance: 1650 feet Direction: FSL Distance: 1542 feet Direction: FWL
Sec: 31 Twp: 3N Rng: 66W

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) 12/04/2010 13. Date TD: 12/10/1990 14. Date Casing Set or D&A: 12/10/1990

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7983 TVD 7983 17 Plug Back Total Depth MD 7935 TVD 7935

18. Elevations GR 4839 KB 4849

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	8+5/8	12+1/4	24#	0	580	420	0	580	CALC
1ST	5+1/2	7+7/8	11.6#	0	7,978	375	6,130	7,978	CBL

ADDITIONAL CEMENT

Cement work date: 02/18/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	4,466	50	4,442	4,466

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	
SUSSEX	4,269		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,055		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,290		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,313		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,747		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Vertical Well

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

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
400161675	CEMENT JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)