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|---|--|--|--|----|----|----|----|
| 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: 400137377 | 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>05-123-32637-00</u> | | 6. County: <u>WELD</u> | | | | | |
| 7. Well Name: <u>DENVER</u> | | Well Number: <u>36-18</u> | | | | | |
| 8. Location: QtrQtr: <u>SESE</u> Section: <u>18</u> Township: <u>1N</u> Range: <u>66W</u> Meridian: <u>6</u> | | | | | | | |
| Footage at surface: Distance: <u>1177</u> feet Direction: <u>FSL</u> | | Distance: <u>806</u> feet Direction: <u>FEL</u> | | | | | |
| As Drilled Latitude: _____ | | As Drilled Longitude: _____ | | | | | |
| GPS Data: | | | | | | | |
| Data of Measurement: _____ | | PDOP Reading: _____ GPS Instrument Operator's Name: _____ | | | | | |
| ** If directional footage at Top of Prod. Zone | | Dist.: <u>31</u> feet. Direction: <u>FSL</u> Dist.: <u>2578</u> feet. Direction: <u>FEL</u> | | | | | |
| Sec: <u>18</u> | | Twp: <u>1N</u> Rng: <u>66W</u> | | | | | |
| ** If directional footage at Bottom Hole | | Dist.: <u>43</u> feet. Direction: <u>FSL</u> Dist.: <u>2580</u> feet. Direction: <u>FEL</u> | | | | | |
| Sec: <u>18</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>01/26/2011</u> 13. Date TD: <u>01/31/2011</u> 14. Date Casing Set or D&A: <u>02/02/2011</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>8497</u> TVD** <u>8036</u> | | 17 Plug Back Total Depth MD <u>6528</u> TVD** <u>6067</u> | | | | | |
| 18. Elevations GR <u>4935</u> KB <u>4949</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: | | | | | | | |
| <u>PRELIMINARY FORM 5</u> | | | | | | | |

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 | 994 | 630 | 0 | 994 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6# | 0 | 8,487 | 205 | 8,100 | 8,487 | CBL |

ADDITIONAL CEMENT

Cement work date: 02/02/2011

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| DV TOOL | 1ST | 6,528 | 950 | 730 | 6,528 |

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 | 4,521 | 4,557 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,954 | 5,250 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,582 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,926 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,947 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 8,389 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Plan to complete well in 3 months.

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: 2/28/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400137399 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400137398 | 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"/> |
| <u>Other Attachments</u> | | | | | |
| 400137377 | 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)