


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: 400164361	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 checked="" type="checkbox"/> Final completion <input type="checkbox"/> 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 05-123-32726-00		6. County: WELD					
7. Well Name: DOWDY		Well Number: 35-11					
8. Location: QtrQtr: SWSW Section: 11 Township: 2N Range: 65W Meridian: 6							
Footage at surface: Distance: 964 feet Direction: FSL		Distance: 1032 feet Direction: FWL					
As Drilled Latitude: 40.148556		As Drilled Longitude: -104.636835					
GPS Data:							
Data of Measurement: 04/12/2011		PDOP Reading: 2.1 GPS Instrument Operator's Name: RENEE DOIRON					
** If directional footage at Top of Prod. Zone		Dist.: 39 feet. Direction: FSL Dist.: 1357 feet. Direction: FWL					
Sec: 11 Twp: 2N Rng: 65W							
** If directional footage at Bottom Hole		Dist.: 40 feet. Direction: FSL Dist.: 1329 feet. Direction: FWL					
Sec: 11 Twp: 2N 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) 03/16/2011 13. Date TD: 03/19/2011 14. Date Casing Set or D&A: 03/20/2011							
15. Well Classification:							
<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input 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 7870 TVD** 7739		17 Plug Back Total Depth MD 7817 TVD** 7686					
18. Elevations GR 4866 KB 4883		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:							
CBL, CL, CD-CN-ML, HRI							

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	839	530	0	839	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,849	255	6,070	7,849	CBL

ADDITIONAL CEMENT

Cement work date: 03/20/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,044	660	566	5,044

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	4,357		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,037		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,254		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,276		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,706		<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: 5/12/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400164373	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400164372	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>					
400164361	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)