

**FORM
5**Rev
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:

400166430

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: 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 05-123-32787-00 6. County: WELD
7. Well Name: SEKICH Well Number: 23-17
8. Location: QtrQtr: SWSE Section: 17 Township: 3N Range: 67W Meridian: 6
Footage at surface: Distance: 245 feet Direction: FSL Distance: 2277 feet Direction: FEL
As Drilled Latitude: 40.219323 As Drilled Longitude: -104.912838

GPS Data:

Data of Measurement: 04/13/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: RENEE DOIRON** If directional footage at Top of Prod. Zone Dist.: 1206 feet. Direction: FSL Dist.: 2466 feet. Direction: FELSec: 17 Twp: 3N Rng: 67W** If directional footage at Bottom Hole Dist.: 1194 feet. Direction: FSL Dist.: 2477 feet. Direction: FELSec: 17 Twp: 3N Rng: 67W9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 03/03/2011 13. Date TD: 03/06/2011 14. Date Casing Set or D&A: 03/07/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7891 TVD** 7772 17 Plug Back Total Depth MD 7854 TVD** 773518. Elevations GR 4865 KB 4880

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, CD-CN-ML

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	774	490	0	774	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,881	1,030	554	7,881	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	
SUSSEX	4,270		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,995		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,252		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,274		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,701		<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: 5/18/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400166441	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400166440	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>					
400166430	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)