

**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
----	----	----	----

Document Number:  
  
400187401

**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: Cindy Vue  
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832  
 3. Address: P O BOX 173779 Fax: (720) 929-7832  
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-32695-00 6. County: WELD  
 7. Well Name: PINNACLE Well Number: 34-36  
 8. Location: QtrQtr: NENE Section: 2 Township: 1N Range: 68W Meridian: 6  
 Footage at surface: Distance: 1072 feet Direction: FNL Distance: 1225 feet Direction: FEL  
 As Drilled Latitude: 40.084779 As Drilled Longitude: -104.965577

GPS Data:  
 Data of Measurement: 05/03/2011 PDOP Reading: 2.6 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage  
 at Top of Prod. Zone Distance: 69 feet Direction: FSL Distance: 44 feet Direction: FWL  
 Sec: 36 Twp: 2N Rng: 68W  
 at Bottom Hole Distance: 83 feet Direction: FSL Distance: 49 feet Direction: FWL  
 Sec: 36 Twp: 2N Rng: 68W

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) 04/02/2011 13. Date TD: 04/04/2011 14. Date Casing Set or D&A: 04/05/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8555 TVD 8265 17 Plug Back Total Depth MD 8511 TVD 8221

18. Elevations GR 4982 KB 4997 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:  
P/E AILC-CNDL-ML-CV/C; CBL

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	925	580	0	925	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,544	575	4,004	8,544	CBL

**ADDITIONAL CEMENT**

Cement work date: 04/05/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF	4,004	490	416	4,004

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	
NIOBRARA	7,680		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,988		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,434		<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: \_\_\_\_\_ Email: Cindy.Vue@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
400187415	DIRECTIONAL SURVEY
400187416	CEMENT JOB SUMMARY

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)