

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:
400173043

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

5. API Number 05-123-32142-00
6. County: WELD
7. Well Name: WILDFLOWER Well Number: 33-27
8. Location: QtrQtr: SESW Section: 27 Township: 2N Range: 68W Meridian: 6
Footage at surface: Distance: 1047 feet Direction: FSL Distance: 1332 feet Direction: FWL
As Drilled Latitude: 40.105157 As Drilled Longitude: -104.994060

GPS Data:

Data of Measurement: 05/03/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 1310 feet. Direction: FSL Dist.: 20 feet. Direction: FWL
Sec: 27 Twp: 2N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1312 feet. Direction: FSL Dist.: 27 feet. Direction: FWL
Sec: 27 Twp: 2N Rng: 68W

9. Field Name: SPINDLE 10. Field Number: 77900
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/02/2011 13. Date TD: 04/05/2011 14. Date Casing Set or D&A: 04/06/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8400 TVD** 8228 17 Plug Back Total Depth MD 8353 TVD** 8181

18. Elevations GR 5008 KB 5022

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:

PRELIMINARY FORM 5

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 | 813 | 510 | 0 | 813 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6# | 0 | 8,389 | 220 | 7,277 | 8,389 | CALC |

ADDITIONAL CEMENT

| | | | | | |
|-------------------------------------|--------|-----------------------------------|---------------|------------|---------------|
| Cement work date: <u>04/06/2011</u> | | | | | |
| Details of work: | | | | | |
| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
| DV TOOL | 1ST | 6,166 | 722 | 887 | 6,166 |

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 | 4,133 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,545 | 4,865 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 5,152 | 5,272 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,590 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,788 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,810 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 8,241 | | <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: 6/8/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400173054 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400173053 | 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> | | | |
| 400173043 | 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> |
|-------------------|---------------------------------|-------------------------|
| Engineer | Preliminary Form 5, no CBL yet. | 8/4/2011 12:17:01 PM |

Total: 1 comment(s)