

**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:

400195735

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: Emily Carrender

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6282

3. Address: P O BOX 173779

Fax: (720) 929-7282

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-33141-00

6. County: WELD

7. Well Name: CARTER

Well Number: 10-32

8. Location: QtrQtr: NWSE Section: 32 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 2321 feet Direction: FSL Distance: 1614 feet Direction: FEL

As Drilled Latitude: 40.093735 As Drilled Longitude: -104.797396

GPS Data:

Data of Measurement: 07/22/2011 PDOP Reading: 3.7 GPS Instrument Operator's Name: Renee Doiron

** If directional footage

at Top of Prod. Zone Distance: 1976 feet Direction: FSL Distance: 1979 feet Direction: FEL

Sec: 32 Twp: 2N Rng: 66W

at Bottom Hole Distance: 1982 feet Direction: FSL Distance: 1982 feet Direction: FEL

Sec: 32 Twp: 2N Rng: 66W

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) 05/03/2011 13. Date TD: 06/13/2011 14. Date Casing Set or D&A: 06/14/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7704 TVD 7646 17 Plug Back Total Depth MD 7664 TVD 7606

18. Elevations GR 4912 KB 4928

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:

PRE 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 | 0 | 908 | 570 | 0 | 908 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,691 | 973 | 215 | 7,691 | 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 | |
| PARKMAN | 4,188 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,521 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,203 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,535 | | <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: Emily Carrender

Title: Operation Specialist I Date: _____ Email: emily.carrender@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 |
|-------------|--------------------|
| 400195753 | DIRECTIONAL SURVEY |
| 400195754 | CEMENT JOB SUMMARY |

Total Attach: 2 Files

General Comments

User Group Comment Comment Date

| | | |
|--|--|--|
| | | |
|--|--|--|

Total: 0 comment(s)