

<div>FORM 5</div> <div>Rev 02/08</div>	<div>State of Colorado</div> <div>Oil and Gas Conservation Commission</div> <div>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</div>	<div><div><div>STATE OF COLORADO</div><div>OIL & GAS</div></div></div>	<table><tr><td>DE</td><td>ET</td><td>OE</td><td>ES</td></tr></table>	DE	ET	OE	ES																																				
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<div>DRILLING COMPLETION REPORT</div> <div>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.</div> <div>Completion Type <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion</div>		<div>Document Number:</div> <div>400202024</div>																																									
<div>1. OGCC Operator Number: 47120</div> <div>2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP</div> <div>3. Address: P O BOX 173779</div> <div>City: DENVER State: CO Zip: 80217-</div> <div>4. Contact Name: Emily Carrender</div> <div>Phone: (720) 929-6282</div> <div>Fax: (720) 929-7282</div>																																											
<div>5. API Number 05-123-32315-00</div> <div>6. County: WELD</div> <div>7. Well Name: SWEETGRASS</div> <div>Well Number: 16-14</div> <div>8. Location: QtrQtr: NESE Section: 14 Township: 1N Range: 68W Meridian: 6</div> <div>Footage at surface: Distance: 1846 feet Direction: FSL Distance: 856 feet Direction: FEL</div> <div>As Drilled Latitude: 40.049258 As Drilled Longitude: -104.964275</div> <div>GPS Data:</div> <div>Data of Measurement: 06/09/2011 PDOP Reading: 2.7 GPS Instrument Operator's Name: Renee Doiron</div> <div>** If directional footage at Top of Prod. Zone Dist.: 675 feet. Direction: FSL Dist.: 680 feet. Direction: FEL</div> <div>Sec: 14 Twp: 1N Rng: 68W</div> <div>** If directional footage at Bottom Hole Dist.: 659 feet. Direction: FSL Dist.: 685 feet. Direction: FEL</div> <div>Sec: 14 Twp: 1N Rng: 68W</div> <div>9. Field Name: WATTENBERG</div> <div>10. Field Number: 90750</div> <div>11. Federal, Indian or State Lease Number:</div>																																											
<div>12. Spud Date: (when the 1st bit hit the dirt) 05/09/2011</div> <div>13. Date TD: 05/12/2011</div> <div>14. Date Casing Set or D&A: 05/13/2011</div>																																											
<div>15. Well Classification:</div> <div><input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" 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</div>																																											
<div>16. Total Depth MD 8625 TVD** 8452</div> <div>17 Plug Back Total Depth MD 8583 TVD** 8410</div>																																											
<div>18. Elevations GR 5136 KB 5151</div> <div>One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.</div>																																											
<div>19. List Electric Logs Run:</div> <div>PRE FORM 5</div>																																											
<div>20. Casing, Liner and Cement:</div> <table><tr><th colspan="10">CASING</th></tr><tr><th>Casing Type</th><th>Size of Hole</th><th>Size of Casing</th><th>Wt/Ft</th><th>Csg/Liner Top</th><th>Setting Depth</th><th>Sacks Cmt</th><th>Cmt Top</th><th>Cmt Bot</th><th>Status</th></tr><tr><td>SURF</td><td>12+1/4</td><td>8+5/8</td><td>24.0</td><td>0</td><td>1,192</td><td>750</td><td>15</td><td>1,192</td><td>CALC</td></tr><tr><td>1ST</td><td>7+7/8</td><td>4+1/2</td><td>11.6</td><td>0</td><td>8,617</td><td>251</td><td>6,950</td><td>8,617</td><td>CALC</td></tr></table> <div>ADDITIONAL CEMENT</div>				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	1,192	750	15	1,192	CALC	1ST	7+7/8	4+1/2	11.6	0	8,617	251	6,950	8,617	CALC
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Date Run: 9/8/2011 Doc [#400202024] Well Name: SWEETGRASS 16-14

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Cement work date: 06/06/2011					
Details of work:					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,400	614	1,124	5,400

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	4,489	4,534	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,938	5,155	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,454	5,462	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,658		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,034		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,053		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,495		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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: 9/1/2011 Email: emily.carrender@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400202035	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400202034	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>					
400202024	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	Preliminary Form 5, no CBL yet.	9/8/2011 12:18:53 PM

Total: 1 comment(s)