

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:
400206464

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 05-123-32315-00 6. County: WELD
7. Well Name: SWEETGRASS Well Number: 16-14
8. Location: QtrQtr: NESE Section: 14 Township: 1N Range: 68W Meridian: 6
Footage at surface: Distance: 1846 feet Direction: FSL Distance: 856 feet Direction: FEL
As Drilled Latitude: 40.049258 As Drilled Longitude: -104.964275

GPS Data:
Data of Measurement: 06/09/2011 PDOP Reading: 2.7 GPS Instrument Operator's Name: Renee Doiron

** If directional footage
at Top of Prod. Zone Distance: 676 feet Direction: FSL Distance: 683 feet Direction: FEL
Sec: 14 Twp: 1N Rng: 68W
at Bottom Hole Distance: 659 feet Direction: FSL Distance: 685 feet Direction: FEL
Sec: 14 Twp: 1N 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) 05/09/2011 13. Date TD: 05/12/2011 14. Date Casing Set or D&A: 05/13/2011

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

16. Total Depth MD 8625 TVD 8452 17 Plug Back Total Depth MD 8583 TVD 8410

18. Elevations GR 5136 KB 5151
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-CNLD-ML-CL/CV; 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	1,192	750	15	1,192	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,617	251	6,950	8,617	CBL

ADDITIONAL CEMENT

Cement work date: 05/05/2011

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	5,478

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:

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
400206469	DIRECTIONAL SURVEY
400206470	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)