

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:

400200325

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 05-123-32825-00
6. County: WELD
7. Well Name: REI Well Number: 21-17
8. Location: QtrQtr: NWNE Section: 17 Township: 3N Range: 65W Meridian: 6
Footage at surface: Distance: 1124 feet Direction: FNL Distance: 1645 feet Direction: FEL
As Drilled Latitude: 40.229574 As Drilled Longitude: -104.683657

GPS Data:

Data of Measurement: 07/14/2011 PDOP Reading: 3.0 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 1465 feet. Direction: FNL Dist.: 2228 feet. Direction: FEL

Sec: 17 Twp: 3N Rng: 65W

** If directional footage at Bottom Hole Dist.: 1463 feet. Direction: FNL Dist.: 2227 feet. Direction: FEL

Sec: 17 Twp: 3N Rng: 65W

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) 06/22/2011 13. Date TD: 06/26/2011 14. Date Casing Set or D&A: 06/27/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7973 TVD** 7895 17 Plug Back Total Depth MD 7947 TVD** 7869

18. Elevations GR 4898 KB 4913

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:

CBL-GR-CCL, RBL-CCL-GR
NO OPEN HOLE LOGS, BRIDGED OUT @ 3315'.

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	769	530	0	769	VISU
1ST	7+7/8	4+1/2	11.6#	0	7,963	1,030	660	7,963	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	4,140		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,590		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,534		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,062		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,321		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,346		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,812		<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: 8/26/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400200338	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400200337	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>			
400200325	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>
Permit	REC LOGS DOC#1670091-92	8/30/2011 12:12:10 PM
Permit	WAITING ON LOGS	8/29/2011 8:08:34 AM

Total: 2 comment(s)