

FORM  
5  
Rev  
02/08



DE ET OE ES

Document Number:  
400215369

### 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 05-123-31730-00 6. County: WELD  
7. Well Name: BRYANT Well Number: 16-30  
8. Location: QtrQtr: SESE Section: 30 Township: 2N Range: 68W Meridian: 6  
Footage at surface: Distance: 284 feet Direction: FSL Distance: 1280 feet Direction: FEL  
As Drilled Latitude: 40.103067 As Drilled Longitude: -105.041443

GPS Data:

Date of Measurement: 09/12/2011 PDOP Reading: 1.6 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 706 feet. Direction: FSL Dist.: 681 feet. Direction: FEL

Sec: 30 Twp: 2N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 666 feet. Direction: FSL Dist.: 667 feet. Direction: FEL

Sec: 30 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) 08/09/2011 13. Date TD: 08/11/2011 14. Date Casing Set or D&A: 08/14/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8200 TVD\*\* 8109 17 Plug Back Total Depth MD 8143 TVD\*\* 8052

18. Elevations GR 4928 KB 4943

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	881	560	15	881	CALC
1ST	7+7/8	4+1/2	11.6	0	8,200	320	6,700	8,200	CALC

#### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/14/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,531	650	700	5,531

Details of work:

21. Formation log intervals and test zones:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,900		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,422	4,590	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,892	4,918	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,340		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,613		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,636		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,045		<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: 10/17/2011 Email: emily.carrender@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400215384	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400215383	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>			
400215369	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 pdf of CBL yet, only LAS version.	10/25/2011 2:48:48 PM

Total: 1 comment(s)