

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

DRILLING COMPLETION REPORT

Document Number:

400223765

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 05-123-30453-00 6. County: WELD
 7. Well Name: ADLER Well Number: 24-33
 8. Location: QtrQtr: SENE Section: 33 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 2200 feet Direction: FNL Distance: 690 feet Direction: FEL
 As Drilled Latitude: 40.183508 As Drilled Longitude: -105.000800

GPS Data:

Date of Measurement: 09/10/2009 PDOP Reading: 2.5 GPS Instrument Operator's Name: Cody Mattson

** If directional footage at Top of Prod. Zone Dist.: 2531 feet. Direction: FSL Dist.: 1311 feet. Direction: FEL

Sec: 33 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2556 feet. Direction: FSL Dist.: 1329 feet. Direction: FEL

Sec: 33 Twp: 3N 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) 07/08/2009 13. Date TD: 07/10/2009 14. Date Casing Set or D&A: 07/11/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7460 TVD** 7361 17 Plug Back Total Depth MD 7407 TVD** 7308

18. Elevations GR 4909 KB 4924

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:

CD-CN-ML, DI-GR-GR; 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	951	600	15	951	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,444	930	404	7,444	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	3,565		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,040		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,565		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,040		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,277		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,296		<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

The subreport 'subreport3' could not be found at the specified location W:\inetpub\Net\Reports\AttachListNew.rdlc. Please

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)