

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:

400200040

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 05-123-33237-00 6. County: WELD
 7. Well Name: NICHOLS Well Number: 23-6
 8. Location: QtrQtr: NWSE Section: 6 Township: 2N Range: 65W Meridian: 6
 Footage at surface: Distance: 1574 feet Direction: FSL Distance: 1578 feet Direction: FEL
 As Drilled Latitude: 40.164736 As Drilled Longitude: -104.702679

GPS Data:

Data of Measurement: 07/18/2011 PDOP Reading: 3.3 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 1253 feet. Direction: FSL Dist.: 2585 feet. Direction: FEL

Sec: 6 Twp: 2N Rng: 65W

** If directional footage at Bottom Hole Dist.: 1233 feet. Direction: FSL Dist.: 2577 feet. Direction: FEL

Sec: 6 Twp: 2N 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) 05/07/2011 13. Date TD: 05/10/2011 14. Date Casing Set or D&A: 05/11/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8037 TVD** 7903 17 Plug Back Total Depth MD 7999 TVD** 7865

18. Elevations GR 4934 KB 4948

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:

SD-DSN-AC-TR; 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	858	540	0	858	VISU
1ST	7+7/8	4+1/2	11.6#	0	8,021	234	6,565	8,021	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/11/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,580	788	664	5,640

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	4,136	4,227	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,432	4,735	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,155		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,405		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,424		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,878		<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>			
400200054	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400200053	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400200040	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400200051	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400200052	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC IND/DEN/NEU LOG DOC#1670949	10/12/2011 2:21:30 PM
Permit	WAITING ON LOGS	8/26/2011 9:02:22 AM

Total: 2 comment(s)