

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:

400219562

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 05-123-33601-00  
6. County: WELD  
7. Well Name: WALTERS Well Number: 25-18  
8. Location: QtrQtr: SWNE Section: 18 Township: 2N Range: 65W Meridian: 6  
Footage at surface: Distance: 1431 feet Direction: FNL Distance: 1480 feet Direction: FEL  
As Drilled Latitude: 40.142021 As Drilled Longitude: -104.702620

GPS Data:  
Date of Measurement: 08/15/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 2544 feet. Direction: FNL Dist.: 2456 feet. Direction: FEL  
Sec: 18 Twp: 2N Rng: 65W  
\*\* If directional footage at Bottom Hole Dist.: 2535 feet. Direction: FNL Dist.: 2427 feet. Direction: FEL  
Sec: 18 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) 08/01/2011 13. Date TD: 08/04/2011 14. Date Casing Set or D&A: 08/05/2011

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

16. Total Depth MD 8190 TVD\*\* 7966 17 Plug Back Total Depth MD 8157 TVD\*\* 7933

18. Elevations GR 4963 KB 4978  
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, HRI; 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	928	600	0	928	VISU
1ST	7+7/8	4+1/2	11.6#	0	8,175	232	6,635	8,175	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/05/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,815	694	750	5,850

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	4,283		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,608		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,315		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,548		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,570		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,023		<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: 10/31/2011 Email: Cindy.Vue@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400219573	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400219572	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>			
400219562	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#2204216-18, IN SCANNING	11/2/2011 3:33:51 PM

Total: 1 comment(s)