

**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:

400224557

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 05-123-32383-00 6. County: WELD
7. Well Name: MOSER Well Number: 37-4
8. Location: QtrQtr: NESW Section: 4 Township: 2N Range: 65W Meridian: 6
Footage at surface: Distance: 2213 feet Direction: FSL Distance: 2503 feet Direction: FWL
As Drilled Latitude: 40.166595 As Drilled Longitude: -104.669235

GPS Data:

Data of Measurement: 08/10/2011 PDOP Reading: 3.3 GPS Instrument Operator's Name: Renee Doiron** If directional footage at Top of Prod. Zone Dist.: 53 feet. Direction: FSL Dist.: 1327 feet. Direction: FELSec: 4 Twp: 2N Rng: 65W** If directional footage at Bottom Hole Dist.: 50 feet. Direction: FSL Dist.: 1315 feet. Direction: FELSec: 4 Twp: 2N Rng: 65W9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 06/21/2011 13. Date TD: 06/24/2011 14. Date Casing Set or D&A: 06/25/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8365 TVD** 7741 17 Plug Back Total Depth MD 8330 TVD** 770618. Elevations GR 4859 KB 4874

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
NO OPEN HOLE LOGS, BRIDGED OUT @ 815'.

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 | 772 | 490 | 0 | 772 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6# | 0 | 8,355 | 230 | 6,650 | 8,355 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

| | | | | | |
|------------------------------|--------|-----------------------------------|---------------|------------|---------------|
| Cement work date: 06/25/2011 | | | | | |
| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
| DV TOOL | 1ST | 5,686 | 705 | 784 | 5,704 |
| 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 | 4,267 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,788 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,488 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,748 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,780 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 8,211 | | <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: 11/17/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400224573 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400224572 | 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> | | | | | |
| 400224557 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|--------------------------------------|-----------------------|
| Permit | REC CBL LOG DOC#2445184, IN SCANNING | 11/21/2011 7:37:31 AM |
| Permit | WAITING ON LOGS, REQ WMD/FMI LOGS | 11/18/2011 9:00:26 AM |

Total: 2 comment(s)