

FORM
5Rev
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:

400206763

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: CARA MAHLER
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
3. Address: P O BOX 173779 Fax: (720) 929-7029
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-33365-00 6. County: WELD
7. Well Name: PSC Well Number: 12C-13HZ
8. Location: QtrQtr: SESE Section: 13 Township: 3N Range: 68W Meridian: 6
Footage at surface: Distance: 546 feet Direction: FSL Distance: 383 feet Direction: FEL
As Drilled Latitude: 40.220595 As Drilled Longitude: -104.943141

GPS Data:

Data of Measurement: 08/03/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: RENEE DOIRON** If directional footage at Top of Prod. Zone Dist.: 1988 feet. Direction: FSL Dist.: 964 feet. Direction: FELSec: 13 Twp: 3N Rng: 68W** If directional footage at Bottom Hole Dist.: 1962 feet. Direction: FSL Dist.: 472 feet. Direction: FWLSec: 13 Twp: 3N Rng: 68W9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/24/2011 13. Date TD: 06/06/2011 14. Date Casing Set or D&A: 06/09/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 11839 TVD** 7259 17 Plug Back Total Depth MD 11789 TVD** 725818. Elevations GR 4871 KB 4888

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, ACTR, BCS, BVP, CSNG, LPLT VH Vertical, LPLT VH Horizontal

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 | 13+1/2 | 9+5/8 | 36 | 0 | 933 | 690 | 0 | 933 | CALC |
| 1ST | 8+3/4 | 7+0/0 | 26 | 0 | 7,924 | 725 | 1,530 | 7,924 | CBL |
| 1ST LINER | 6+1/4 | 4+1/2 | 11.6 | 6374 | 11,836 | 267 | 5,600 | 11,836 | CALC |

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 | |
| NIOBRARA | 7,220 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,947 | | <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: CARA MAHLER

Title: REGULATORY ANALYST I Date: 11/14/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400210611 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400210612 | 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> | | | | | |
| 1792356 | WELL LOCATION PLAT | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400206763 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400206775 | LAS-SONIC | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400206776 | LAS- | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|--------------------------------------|--------------------------|
| Permit | REC LOGS DOC#2204804-10, IN SCANNING | 11/16/2011 9:11:16 AM |
| Permit | waiting on logs, req mwd/fmi logs | 11/14/2011 3:10:29 PM |

Total: 2 comment(s)