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Document Number:
 400237086

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 05-123-12496-00 6. County: WELD
 7. Well Name: HENRY Well Number: A-12
 8. Location: QtrQtr: SENE Section: 12 Township: 4N Range: 65W Meridian: 6
 Footage at surface: Distance: 1980 feet Direction: FNL Distance: 660 feet Direction: FEL
 As Drilled Latitude: 40.328731 As Drilled Longitude: -104.604519

GPS Data:
 Date of Measurement: 02/24/2009 PDOP Reading: 2.6 GPS Instrument Operator's Name: Cody Mattson

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

9. Field Name: WATTENBERG 10. Field Number: 90750
 11. Federal, Indian or State Lease Number: 67221

12. Spud Date: (when the 1st bit hit the dirt) 07/19/1985 13. Date TD: 07/24/1985 14. Date Casing Set or D&A: 07/26/1985

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

16. Total Depth MD 7245 TVD** _____ 17 Plug Back Total Depth MD 7150 TVD** _____

18. Elevations GR 4800 KB 4812 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:

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	26	0	403	200	0	403	CALC
1ST	7+7/8	4+1/2	11.6	0	7,242	240	6,380	7,242	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/17/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	6,425	25	6,205	6,425

Details of work:

11/17/2011- establish circulation w/ 10 bbls water then pump 25 sx 15.8# class G cement

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	
SUSSEX	4,450		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,880		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,087		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,113		<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 Date: _____ Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400237099	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)