

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:

400237542

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 05-123-32089-00  
6. County: WELD  
7. Well Name: RIVERBEND Well Number: 13-18  
8. Location: QtrQtr: SWSW Section: 18 Township: 1N Range: 66W Meridian: 6  
Footage at surface: Distance: 756 feet Direction: FSL Distance: 880 feet Direction: FWL  
As Drilled Latitude: 40.045934 As Drilled Longitude: -104.826569

GPS Data:

Data of Measurement: 12/01/2010 PDOP Reading: 5.4 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 529 feet. Direction: FSL Dist.: 510 feet. Direction: FWL  
Sec: 18 Twp: 1N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 530 feet. Direction: FSL Dist.: 512 feet. Direction: FWL  
Sec: 18 Twp: 1N Rng: 66W

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) 10/31/2010 13. Date TD: 11/03/2010 14. Date Casing Set or D&A: 11/04/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7673 TVD\*\* 7634 17 Plug Back Total Depth MD 7626 TVD\*\* 7586

18. Elevations GR 4919 KB 4936

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, DI-GL-GR; XIPE 40 ACL; 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	952	600	17	952	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,663	1,026	5,050	7,663	CBL
1ST LINER	7+7/8	3+1/2	9.2#	0	7,652	93	17	7,652	CBL

### 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	
PARKMAN	4,260		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,648		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,122	7,673	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,508		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,531		<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: \_\_\_\_\_

Email: Cindy.Vue@anadarko.com

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400237564	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400237563	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"/>

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)