

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



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Document Number:

400239396

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 05-123-33782-00

6. County: WELD

7. Well Name: STREAR

Well Number: 29-10

8. Location: QtrQtr: SENW Section: 10 Township: 2N Range: 67W Meridian: 6

Footage at surface: Distance: 1596 feet Direction: FNL Distance: 1701 feet Direction: FWL

As Drilled Latitude: 40.155522 As Drilled Longitude: -104.879816

GPS Data:

Data of Measurement: 10/24/2011 PDOP Reading: 2.6 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 51 feet. Direction: FNL Dist.: 1302 feet. Direction: FWL

Sec: 10 Twp: 2N Rng: 67W

** If directional footage at Bottom Hole Dist.: 55 feet. Direction: FNL Dist.: 1305 feet. Direction: FWL

Sec: 10 Twp: 2N Rng: 67W

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) 09/17/2011 13. Date TD: 09/21/2011 14. Date Casing Set or D&A: 09/22/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8345 TVD** 8100 17 Plug Back Total Depth MD 8313 TVD** 8068

18. Elevations GR 4942 KB 4956

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:

AC-TR-SD-DSN; 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	701	440	14	701	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,337	44	8,086	8,337	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/22/2011					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	8,070	1,027	1,462	8,070
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	4,137	4,350	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,572	4,800	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,152	5,250	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,462		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,699		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,722		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,158		<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 ?			
<u>Attachment Checklist</u>					
400239407	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400239406	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)