

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:

400250746

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 05-123-33209-00
6. County: WELD
7. Well Name: FEHRN Well Number: 26-32
8. Location: QtrQtr: SENE Section: 32 Township: 2N Range: 66W Meridian: 6
Footage at surface: Distance: 1654 feet Direction: FNL Distance: 1091 feet Direction: FEL
As Drilled Latitude: 40.097337 As Drilled Longitude: -104.795528

GPS Data:
Date of Measurement: 07/28/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 49 feet. Direction: FNL Dist.: 50 feet. Direction: FEL
Sec: 32 Twp: 2N Rng: 66W
** If directional footage at Bottom Hole Dist.: 42 feet. Direction: FNL Dist.: 43 feet. Direction: FEL
Sec: 32 Twp: 2N 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) 06/18/2011 13. Date TD: 06/21/2011 14. Date Casing Set or D&A: 06/22/2011

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

16. Total Depth MD 8422 TVD** 8043 17 Plug Back Total Depth MD 8380 TVD** 8001

18. Elevations GR 4916 KB 4932
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 1380'

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	909	570	16	909	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,414	229	6,878	8,414	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/22/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,722	719	735	5,722

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	4,368		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,767		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,509		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,819		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,830		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,270		<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>			
400250757	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400250756	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>			
400250758	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)