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

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

DRILLING COMPLETION REPORT

Document Number: 400267223

Date Received: 04/02/2012

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   [X] 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   05-123-33803-00
6. County: WELD
7. Well Name: JEPSEN   Well Number: 32-2
8. Location: QtrQtr: SESW   Section: 2   Township: 3N   Range: 65W   Meridian: 6
   Footage at surface: Distance: 469   feet   Direction: FSL   Distance: 2128   feet   Direction: FWL
   As Drilled Latitude: 40.248412   As Drilled Longitude: -104.632199

GPS Data:
   Data of Measurement: 09/13/2011   PDOP Reading: 2.6   GPS Instrument Operator's Name: Renee Doiron

   ** 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: _____

12. Spud Date: (when the 1st bit hit the dirt)   08/11/2011   13. Date TD: 08/15/2011   14. Date Casing Set or D&A: 08/15/2011

15. Well Classification:

[ ] Dry   [ ] Oil   [ ] Gas/Coalbed   [ ] Disposal   [ ] Stratigraphic   [ ] Enhanced Recovery   [ ] Storage   [ ] Observation

16. Total Depth   MD   1286   TVD** _____   17 Plug Back Total Depth   MD   1270   TVD** _____

18. Elevations   GR   4773   KB   4788 | 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:

NO LOGS RUN ON THIS WELL. GAS KICK DURING DRILLING, CIRC FOR WELL CONTROL, SET CEMENT PLUG AND SHUT IN WELL.

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	572	360	0	572	VISU
OPEN HOLE	7+7/8			572	1,286				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:	08/15/2011				

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

PLUG BACK TO KILL SHALLOW GAS ZONE

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	
			☐	☐	

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: 4/2/2012   Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			

Attachment Checklist

Att Doc Num	Document Name	Yes		No	
400267228	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
	Directional Survey **	Yes	☐	No	☒
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☐	No	☒
	Other	Yes	☐	No	☒

Other Attachments

Att Doc Num	Document Name	Yes		No	
400267223	FORM 5 SUBMITTED	Yes	☒	No	☐
400267229	WELLBORE DIAGRAM	Yes	☒	No	☐

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)