

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.

Document Number:
400282505

Date Received:

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 05-123-14181-00 6. County: WELD
 7. Well Name: HSR-SMYTHE Well Number: 14-27
 8. Location: QtrQtr: SESW Section: 27 Township: 3N Range: 66W Meridian: 6
 Footage at surface: Distance: 660 feet Direction: FSL Distance: 1980 feet Direction: FWL
 As Drilled Latitude: 40.190670 As Drilled Longitude: -104.765580

GPS Data:
 Date of Measurement: 08/07/2007 PDOP Reading: 2.3 GPS Instrument Operator's Name: Steve Fisher

** 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: 62857

12. Spud Date: (when the 1st bit hit the dirt) 12/19/1988 13. Date TD: 12/23/1988 14. Date Casing Set or D&A: 12/28/1988

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

16. Total Depth MD 7535 TVD** _____ 17 Plug Back Total Depth MD 7478 TVD** _____

18. Elevations GR 4954 KB 4965 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	24#	0	582	350	11	582	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,528	230	6,310	7,528	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/04/1997

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	1ST	6,794	25	6,310	6,794

Details of work:

6/4/1997 -set CIBP w/ 25 sacks cement at 6794', TOC @ 6310'.
6/5/1997 -set whipstock plug @ 6780'

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	
NIOBRARA	7,127		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,372		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,394		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,479		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

05-123-14181-00 sidetracked original hole 6/4/1997 with a CIBP, 25 sacks of cement and a whipstock plug.

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 ?	
Attachment Checklist			
400282700	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"/>
Other Attachments			
400282701	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400282702	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)