

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:
400287814

Date Received:

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: JOEL MALEFYT
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6828
 3. Address: P O BOX 173779 Fax: (720) 929-7828
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-35160-00 6. County: WELD
 7. Well Name: BROWN Well Number: 13C-26HZ
 8. Location: QtrQtr: SWSW Section: 35 Township: 3N Range: 66W Meridian: 6
 Footage at surface: Distance: 639 feet Direction: FSL Distance: 467 feet Direction: FWL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: 725 feet. Direction: FSL Dist.: 556 feet. Direction: FWL

Sec: 35 Twp: 3N Rng: 66W

** If directional footage at Bottom Hole Dist.: 982 feet. Direction: FSL Dist.: 600 feet. Direction: FWL

Sec: 35 Twp: 3N 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) 03/27/2012 13. Date TD: 04/10/2012 14. Date Casing Set or D&A: 04/11/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8075 TVD** 7508 17 Plug Back Total Depth MD 7883 TVD** 7316

18. Elevations GR 5020 KB 5042

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	13+1/2	9+5/8	36	0	806	574	22	806	CALC
1ST	8+7/8	7	26	0	7,797	739	7,695	7,797	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/11/2012

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	1ST	7,883	74	7,695	8,075

Details of work:

After drilling out of the 7" casing at 7,797' MD, an attempt was made to orient the lateral drilling assembly upward to drill the Codell formation. However, due to a problem with the MWD (later diagnosed as erroneous programming), the assembly drilled downward toward the Carlisle formation. Drilling was stopped at 8,075' MD before entering the Carlisle formation to troubleshoot the situation. A decision was made to plug the 278' of open hole and sidetrack upward to the preferred position in the Codell formation. A cement plug was set from 8,075' to 7,695' MD. The well was sidetracked at 7,883' and the lateral was drilled with no further problems. The sidetrack was unplanned.

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

GPS data, formation tops, and logs will be submitted with the final form 5 on API 05-123-35160-01.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JOEL MALEFYT

Title: REGULATORY ANALYST Date: _____ Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400287904	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400288038	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>			
400288046	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)