

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



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| DE | ET | OE | ES |
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Document Number:
400303898

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: Emily Carrender
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6282
 3. Address: P O BOX 173779 Fax: (720) 929-7282
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-34158-00 6. County: WELD
 7. Well Name: OVERLOOK Well Number: 28-30
 8. Location: QtrQtr: NENE Section: 30 Township: 2N Range: 67W Meridian: 6
 Footage at surface: Distance: 698 feet Direction: FNL Distance: 685 feet Direction: FEL
 As Drilled Latitude: 40.114789 As Drilled Longitude: -104.926222

GPS Data:
 Date of Measurement: 06/25/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 37 feet. Direction: FNL Dist.: 2572 feet. Direction: FEL

Sec: 30 Twp: 2N Rng: 67W

** If directional footage at Bottom Hole Dist.: 32 feet. Direction: FNL Dist.: 2575 feet. Direction: FEL

Sec: 30 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) 06/13/2012 13. Date TD: 06/18/2012 14. Date Casing Set or D&A: 06/19/2012

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

16. Total Depth MD 8550 TVD** 8190 17 Plug Back Total Depth MD 8522 TVD** 8162

18. Elevations GR 5010 KB 5025 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:
 PRE FORM 5

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 | 0 | 898 | 570 | 15 | 898 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 8,535 | 42 | 8,277 | 8,535 | CALC |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/19/2012

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| DV TOOL | 1ST | 8,277 | 1,022 | 700 | 8,277 |

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 | 4,256 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,601 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 5,292 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,705 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,961 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,987 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 8,390 | | <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: Emily Carrender

Title: Operation Specialist I Date: _____ Email: emily.carrender@anadarko.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400303906 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400303905 | 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> | | | |
| 400303907 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)