

Document Number:
 400304144

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 05-123-34724-00 6. County: WELD
 7. Well Name: BERGER Well Number: 28-2
 8. Location: QtrQtr: NWNW Section: 2 Township: 1N Range: 67W Meridian: 6
 Footage at surface: Distance: 1297 feet Direction: FNL Distance: 1101 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.: 56 feet. Direction: FNL Dist.: 2570 feet. Direction: FWL
 Sec: 2 Twp: 1N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 54 feet. Direction: FNL Dist.: 2574 feet. Direction: FWL
 Sec: 2 Twp: 1N 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) 06/23/2012 13. Date TD: 06/25/2012 14. Date Casing Set or D&A: 06/26/2012

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

16. Total Depth MD 8523 TVD** 8151 17 Plug Back Total Depth MD 8252 TVD** 7880

18. Elevations GR 4959 KB 4974
 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	938	590	15	938	CALC
1ST	7+7/8	4+1/2	11.6	0	8,511	50	8,252	8,511	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/26/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	8,252	1,020	700	8,252

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	4,630		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,019		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,514		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,690		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,937		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,944		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,368		<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>			
400304158	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400304157	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>			
400304159	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)