

FORM
5Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

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DE ET OE ES

Document Number:

1715479

Date Received:

06/11/2009

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: CAROLYN BROCKMAN

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6000

3. Address: P O BOX 173779

Fax: (720) 929-7461

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-29334-00

6. County: WELD

7. Well Name: NYGREN

Well Number: 31-19

8. Location: QtrQtr: SWNW Section: 19 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 2044 feet Direction: FNL Distance: 791 feet Direction: FWL

As Drilled Latitude: 40.300868 As Drilled Longitude: -104.938903

GPS Data:

Data of Measurement: 06/08/2009 PDOP Reading: 2.8 GPS Instrument Operator's Name: CHRIS PEARSON

** If directional footage at Top of Prod. Zone Dist.: 1290 feet. Direction: FNL Dist.: 36 feet. Direction: FWL

Sec: 19 Twp: 4N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1286 feet. Direction: FNL Dist.: 29 feet. Direction: FWL

Sec: 19 Twp: 4N 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) 04/05/2009 13. Date TD: 04/08/2009 14. Date Casing Set or D&A: 04/08/2009

15. Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7605 TVD** 7485 17 Plug Back Total Depth MD 7569 TVD** 7467

18. Elevations GR 4958 KB 4978

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:

CDL-GR-CAL-CNL-DIL-ML, CBL

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 | | 0 | 1,283 | 810 | 0 | 1,283 | CALC |
| 1ST | 7+7/8 | 4+1/2 | | 0 | 7,591 | 6,804 | 1,950 | 7,591 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

| | | | | | |
|-------------------------|--------|-----------------------------------|---------------|------------|---------------|
| Cement work date: _____ | | | | | |
| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
| | SURF | 1,283 | 80 | 0 | 1,283 |
| 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 | |
| GREELEY SAND | 2,410 | | <input type="checkbox"/> | <input type="checkbox"/> | WELL CLASSIFICATION TO BE PROVIDED UPON COMPLETION. |
| PARKMAN | 3,739 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,187 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,746 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,129 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,420 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,441 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

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

Signed: Y Print Name: CAROLYN BROCKMAN

Title: REGULATORY Date: 6/12/2009 Email: CAROLYN.BROCKMAN@ANADARKO.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|--------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| | CMT Summary * | Yes | <input type="checkbox"/> | No | <input checked="" 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"/> |

General Comments

User Group Comment Comment Date

| | | |
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Total: 0 comment(s)