| FORM 5 | State of Colorado | DE | ET | OE | ES |
|---|---|---|---|---|---|

**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

## DRILLING COMPLETION REPORT

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

Document Number:

400309247

Date Received:

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

5. API Number: 05-123-33836-00
6. County: WELD
7. Well Name: RIVERBEND   Well Number: 2-24
8. Location: QtrQtr: NWNE   Section: 24   Township: 1N   Range: 67W   Meridian: 6
   Footage at surface: Distance: 503 feet Direction: FNL   Distance: 2072 feet Direction: FEL
   As Drilled Latitude: _____   As Drilled Longitude: _____

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

   ** If directional footage at Top of Prod. Zone   Dist.: 651 feet. Direction: FNL   Dist.: 1988 feet. Direction: FEL
   Sec: 24   Twp: 1N   Rng: 67W
   ** If directional footage at Bottom Hole   Dist.: 632 feet. Direction: FNL   Dist.: 1974 feet. Direction: FEL
   Sec: 24   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) 06/21/2012   13. Date TD: 06/24/2012   14. Date Casing Set or D&A: 06/25/2012

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

16. Total Depth  MD 8093   TVD** 8086   17 Plug Back Total Depth  MD 7813   TVD** 7806

18. Elevations  GR 4925   KB 4940   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 | 974 | 610 | 15 | 974 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 8,093 | 43 | 7,851 | 8,093 | CALC |

### STAGE/TOP OUT/REMEDIAL CEMENT

| Cement work date: | 06/25/2012 | | | | | |
|---|---|---|---|---|---|---|
| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom | |
| DV TOOL | 1ST | 7,851 | 953 | 785 | 7,851 | |

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 | |
| SUSSEX | 4,550 | | ☐ | ☐ | |
| NIOBRARA | 7,142 | | ☐ | ☐ | |
| CODELL | 7,490 | | ☐ | ☐ | |
| J SAND | 7,942 | | ☐ | ☐ | |

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 ? |
|---|---|---|

**Attachment Checklist**

| Att Doc Num | Document Name | | |
|---|---|---|---|
| 400309254 | CMT Summary * | Yes ☒ | No ☐ |
| | Core Analysis | Yes ☐ | No ☒ |
| 400309253 | Directional Survey ** | Yes ☒ | No ☐ |
| | DST Analysis | Yes ☐ | No ☒ |
| | Logs | Yes ☐ | No ☒ |
| | Other | Yes ☐ | No ☒ |

**Other Attachments**

| Att Doc Num | Document Name | | |
|---|---|---|---|
| 400309255 | DIRECTIONAL DATA | Yes ☒ | No ☐ |

### General Comments

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

Total: 0 comment(s)