

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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Document Number:
1905527

Date Received:
01/06/2009

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: MICHAEL NAGEL
 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 05-123-26724-00 6. County: WELD
 7. Well Name: HAUCK Well Number: 17-29
 8. Location: QtrQtr: SWNE Section: 29 Township: 2N Range: 68W Meridian: 6
 Footage at surface: Distance: 2103 feet Direction: FNL Distance: 1990 feet Direction: FEL
 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.: 1183 feet. Direction: FNL Dist.: 1355 feet. Direction: FEL
 Sec: 29 Twp: 2N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 1183 feet. Direction: FNL Dist.: 1356 feet. Direction: FEL
 Sec: 29 Twp: 2N Rng: 68W

9. Field Name: SPINDLE 10. Field Number: 77900
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 06/26/2008 13. Date TD: 06/30/2008 14. Date Casing Set or D&A: 07/01/2008

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

16. Total Depth MD 7389 TVD** 7679 17 Plug Back Total Depth MD 7843 TVD** 7683

18. Elevations GR 4918 KB 4932 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:
CBL, DIL/GL/GR, CDL/CNL/ML

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	772	480		772	CALC
1ST	7+7/8	4+1/2		0	7,799	670	2,940	7,799	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

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	3,902	4,095	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,464	4,682	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,944	4,988	<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,866		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,392		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,622		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,690		<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: Y _____ Print Name: MICHAEL NAGEL _____

Title: REGULATORY ANALYST II Date: 1/5/2009 Email: MICHAEL.NAGEL@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"/>
1785410	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"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)