

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:
400324785

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: JOEL MALEFYT
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6828
 3. Address: P O BOX 173779 Fax: (720) 929-7828
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-33821-00 6. County: WELD
 7. Well Name: DACONO Well Number: 4-2
 8. Location: QtrQtr: SENW Section: 2 Township: 1N Range: 68W Meridian: 6
 Footage at surface: Distance: 2058 feet Direction: FNL Distance: 1861 feet Direction: FWL
 As Drilled Latitude: 40.082038 As Drilled Longitude: -104.973287

GPS Data:

Data of Measurement: 04/17/2012 PDOP Reading: 1.2 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 645 feet. Direction: FNL Dist.: 746 feet. Direction: FWL

Sec: 2 Twp: 1N Rng: 68W

** If directional footage at Bottom Hole Dist.: 628 feet. Direction: FNL Dist.: 745 feet. Direction: FWL

Sec: 2 Twp: 1N Rng: 68W

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) 02/16/2012 13. Date TD: 02/20/2012 14. Date Casing Set or D&A: 02/21/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8548 TVD** 8293 17 Plug Back Total Depth MD 8490 TVD** 8235

18. Elevations GR 5016 KB 5031

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:

P/E AILC-CNLD-ML-CV; 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	24#	0	947	600	15	947	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,635	41	8,298	8,635	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 02/21/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	8,279	1,031	1,350	8,279

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	4,278		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,677	4,956	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,277	5,310	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,680		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,984		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,418		<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: JOEL MALEFYT

Title: REGULATORY ANALYST Date: _____ Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400324787	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400324786	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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)