

Document Number:  
400296112

Date Received:  
06/15/2012

**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 05-123-34453-00 6. County: WELD  
 7. Well Name: BARCLAY Well Number: 4C-27HZ  
 8. Location: QtrQtr: SWSW Section: 27 Township: 3N Range: 66W Meridian: 6  
 Footage at surface: Distance: 714 feet Direction: FSL Distance: 504 feet Direction: FWL  
 As Drilled Latitude: 40.190765 As Drilled Longitude: -104.771038

GPS Data:  
 Date of Measurement: 04/17/2012 PDOP Reading: 2.1 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 806 feet. Direction: FSL Dist.: 895 feet. Direction: FWL  
 Sec: 27 Twp: 3N Rng: 66W  
 \*\* If directional footage at Bottom Hole Dist.: 486 feet. Direction: FNL Dist.: 846 feet. Direction: FWL  
 Sec: 27 Twp: 3N Rng: 66W

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) 03/18/2012 13. Date TD: 03/28/2012 14. Date Casing Set or D&A: 03/30/2012

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

16. Total Depth MD 11900 TVD\*\* 7408 17 Plug Back Total Depth MD 11885 TVD\*\* 7408

18. Elevations GR 4964 KB 4981 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; L PLOT-VH; CCNP-BD-MPR-GR

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        | 13+1/2       | 9+5/8          | 36    | 0             | 941           | 700       | 0       | 941     | VISU   |
| 1ST         | 8+3/4        | 7              | 26    | 0             | 7,900         | 642       | 250     | 7,900   | CBL    |
| 1ST LINER   | 6+1/8        | 4+1/2          | 11.6  | 6791          | 11,885        |           |         |         | CALC   |

**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                    |                                                                 |
| SHARON SPRINGS | 7,140          |        | <input type="checkbox"/> | <input type="checkbox"/> |                                                                 |
| NIOBRARA       | 7,229          |        | <input type="checkbox"/> | <input type="checkbox"/> |                                                                 |
| FORT HAYS      | 7,723          |        | <input type="checkbox"/> | <input type="checkbox"/> |                                                                 |
| CODELL         | 7,900          |        | <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: 6/15/2012 Email: JOEL.MALEFYT@ANADARKO.COM

**Attachment Check List**

| Att Doc Num                 | Document Name         | attached ?                              |                                        |
|-----------------------------|-----------------------|-----------------------------------------|----------------------------------------|
| <b>Attachment Checklist</b> |                       |                                         |                                        |
| 400296136                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400296138                   | 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"/> |
| <b>Other Attachments</b>    |                       |                                         |                                        |
| 400296112                   | FORM 5 SUBMITTED      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400330544                   | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

**General Comments**

| User Group | Comment                                                                                                                          | Comment Date            |
|------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Permit     | received and uploaded corrected directional data template.<br>Corrected liner depths to top: 6791; setting depth: 11885          | 9/25/2012<br>3:25:20 PM |
| Permit     | Requested digital logs from operator.<br>Liner stops at 7492 vs 11900 on APD.<br>Directional template has no header information. | 9/25/2012<br>2:41:09 PM |

Total: 2 comment(s)