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Document Number:
400412432

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: REBECCA HEIM
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6361
 3. Address: P O BOX 173779 Fax: (720) 929-7361
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-35190-00 6. County: WELD
 7. Well Name: PEHR Well Number: 19-1
 8. Location: QtrQtr: NWSW Section: 1 Township: 1N Range: 67W Meridian: 6
 Footage at surface: Distance: 1500 feet Direction: FSL Distance: 280 feet Direction: FWL
 As Drilled Latitude: 40.076875 As Drilled Longitude: -104.847740

GPS Data:
 Date of Measurement: 10/02/2012 PDOP Reading: 1.9 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 1644 feet. Direction: FSL Dist.: 1442 feet. Direction: FWL
 Sec: 1 Twp: 1N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 1641 feet. Direction: FSL Dist.: 1444 feet. Direction: FWL
 Sec: 1 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) 08/29/2012 13. Date TD: 08/31/2012 14. Date Casing Set or D&A: 09/01/2012

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

16. Total Depth MD 7875 TVD** 7716 17 Plug Back Total Depth MD 7848 TVD** 7689

18. Elevations GR 4944 KB 4959 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:

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	927	580	15	927	CALC
1ST	7+7/8	4+1/2	11.6	0	7,865	985	700	7,865	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:

No cement jobs done after surface casing

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	4,280		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,660		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,400		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,675		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,696		<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: REBECCA HEIM
 Title: REGULATORY Date: _____ Email: REBECCA.HEIM@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400412434	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400412433	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"/>
<u>Other Attachments</u>			
400419181	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400419184	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)