

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: 400495341

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.

Completion Type [X] 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 City: DENVER State: CO Zip: 80217- Fax: (720) 929-7361

5. API Number 05-123-08678-00 6. County: WELD
7. Well Name: FLOYD ADLER GAS UNIT C Well Number: 1
8. Location: QtrQtr: SWNE Section: 33 Township: 3N Range: 68W Meridian: 6
Footage at surface: Distance: 1650 feet Direction: FNL Distance: 1650 feet Direction: FEL
As Drilled Latitude: 40.184967 As Drilled Longitude: -105.004281

GPS Data:
Date of Measurement: 03/05/2009 PDOP Reading: 3.8 GPS Instrument Operator's Name: Cody Mattson

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:
** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:

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) 04/17/1976 13. Date TD: 14. Date Casing Set or D&A:

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

16. Total Depth MD 7879 TVD** 17 Plug Back Total Depth MD 7854 TVD**

18. Elevations GR 4910 KB 4920
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

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Row 1: SURF, 12+1/4, 8+5/8, 24, 0, 285, 250, 0, 285,

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/27/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
NON CEMENT SQUEEZE	1ST	7,879	25	6,656	7,056
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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5 FOR CEMENT JOB. GYRO ATTACHED AS "OTHER".

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: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400495352	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400495354	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400495350	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495351	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)