

FORM  
**5**  
Rev 6/00

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**State of Colorado  
Oil and Gas Conservation Commission**

Denver, Colorado 80203 (303)894-2100 Fax (303)894-2100



**COMPLETION REPORT**

FOR OGCC USE ONLY  
  
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FEB 11 02  
COGCC

This form is to be submitted within thirty (30) days of a well's completion. If the well is deepened or sidetracked, a new Form 5 will be required. If an attempt has been made to complete/produce a well, then the operator shall submit a Form 5A (Completed Interval Report.) If the well has been plugged, submit a Form 6 (Well Abandonment Report.)

1. OGCC Operator Number: <u>47120</u>		4. Contact Name & Phone Elaine Winick		Complete the Attachment Checklist	
2. Name of Operator: <u>Kerr-McGee Rocky Mountain Corporation</u>		No: <u>970-330-0614</u>			
3. Address: <u>3939 Carson Avenue</u>		Fax: <u>970-330-0431</u>		Survey Plat	
City: <u>Evans</u>	State: <u>CO</u>	Zip: <u>80620</u>		Directional Survey	
5. API Number: <u>05-123-20506</u>	6. County: <u>Weld</u>			Surface Equipment Diagram	
7. Well Name: <u>HSR-STARCK</u>	Well Number: <u>5-18</u>			Technical Information Page	
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWNW Sec 18-T4N-R67W 6th P.M.</u>				Other	
Footage at Surface: <u>2180' FNL &amp; 470' FWL</u>		9. Was a directional survey run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If directional, footage at Top of Prod. Zone: <u>same</u>					
If directional, footage at Bottom Hole: <u>same</u>					
10. Field Name: <u>Wattenberg</u>		Field Number: <u>90750</u>		15. Well Classification	
11. Federal, Indian or State Lease Number					
12. Spud Date <u>09/28/01</u>		13. Date TD Reached <u>10/05/01</u>	14. Date Completed or D&A <u>10/22/01</u>		<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas
16. Total depth MD <u>7352'</u> TVD		17. Plug Back Total depth MD <u>7319'</u> TVD		<input type="checkbox"/> Coalbed	
18. Was a Mud Log Run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. Elevations GR <u>4815'</u> KB <u>4829'</u>		<input type="checkbox"/> Stratigraphic <input type="checkbox"/> Disposal	
** One copy of all electric and mud log runs must be submitted **				<input type="checkbox"/> Enhanced Recovery	
20. List Electric Logs Run: <u>PEALC, PECNLD, CBL</u>				<input type="checkbox"/> Gas Storage <input type="checkbox"/> Observation	
				Other:	

**CASING, LINER and CEMENT**

21. Submit contractor's cement job summary for each string cemented

String	Hole Size	Csg/Liner Size	Csg/Liner Wt (Lbs.)	Csg/Liner Top	Csg/Tool Setting Depth	No of Sacks	Cement Interval		Identify Method	
							Top	Bottom	CBL	Calc
Surface	12-1/4"	8-5/8"	24#	surface	<u>776</u>		surface			X
1st	7-7/8"	4-1/2"	11.6#	surface	7351'	210	6135'	7351'	X	
Stage Cement										
Stage Cement										
Stage Cement										
1st Liner										

**FORMATION LOG INTERVALS and TEST ZONES**

22. \*\*\* All DST and Core analysis must be submitted to COGCC. \*\*\*

Formation	Measured Depth		Check if applies		Comments
	Top	Bottom	DST	Cored	
Sussex					
Shannon					
Niobrara		<u>6850'</u>			
Fort Hays					
Codell		<u>7188'</u>			
D Sand					
J Sand					
Dakota					
TD		<u>7352'</u>			

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name Elaine Winick  
Signed Elaine Winick Title: Operations Technician Date: 02/06/02