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COGCC

State of Colorado
Oil and Gas Conservation Commission

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



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COMPLETION REPORT

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		<div>Complete the Attachment Checklist</div> <div>Oper</div> <div>OGCC</div>	
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 & 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>		<div>15. Well Classification</div> <div> <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas </div> <div> <input type="checkbox"/> Coaled </div> <div> <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Disposal </div> <div> <input type="checkbox"/> Enhanced Recovery </div> <div> <input type="checkbox"/> Gas Storage <input type="checkbox"/> Observation </div> <div> <input type="checkbox"/> Other: </div>	
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>					
16. Total depth MD <u>7352'</u> TVD		17. Plug Back Total depth MD <u>7319'</u> TVD			
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>			
** One copy of all electric and mud log runs must be submitted.					
20. List Electric Logs Run: <u>PEALC, PECNLD, CBL</u>					

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	776			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.

[illegible]

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

Glenn Winick

Title: Operations Technician

Date: 02/06/02