

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400085965

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: Cindy Vue
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
3. Address: P O BOX 173779 Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31231-00 6. County: WELD
7. Well Name: NRC Well Number: 40-8
8. Location: QtrQtr: SWNE Section: 8 Township: 1N Range: 67W Meridian: 6
Footage at surface: Direction: FNL Distance: 1581 Direction: FEL Distance: 1495
As Drilled Latitude: 40.068465 As Drilled Longitude: -104.910461

GPS Data:

Data of Measurement: 08/06/2010 PDOP Reading: 1.6 GPS Instrument Operator's Name: Renee Doiron

** If directional footage

at Top of Prod. Zone Distance: 2590 Direction: FSL Distance: 38 Direction: FEL
at Bottom Hole Distance: 2594 Direction: FSL Distance: 35 Direction: FEL

9. Field Name: SPINDLE 10. Field Number: 77900

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/26/2010 13. Date TD: 07/30/2010 14. Date Casing Set or D&A: 07/31/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8610 TVD 8271 17 Plug Back Total Depth MD 4535 TVD 4196

18. Elevations GR 5008 KB 5023

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:

PRELIMINARY FORM 5

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24#	1,015	640	1,015	0
S.C. 1.1	7+7/8	4+1/2	11.6#	8,597	475	8,597	4,535
S.C. 1.2	7+7/8	4+1/2	11.6#	4,535	480	4,535	900

REMEDIAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	S.C. 1.1	8,597	475	4,535	8,597
DV TOOL	S.C. 1.2	4,535	480	900	4,535

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	4,542		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,030		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,714		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,023		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,462		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Preliminary Form 5

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

Signed: _____ Print Name: Cindy Vue

Title: Regulatory Analyst II Date: _____ Email: Cindy.Vue@anadarko.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400085995	DIRECTIONAL SURVEY	KERR MCGEE NRC 40-8 Final Plot & Survey (08.05.10).pdf
400085997	CMT SUMMARY	NRC 40-8 SURF CMT TKT.PDF

Total Attach: 2 Files