

**FORM
5**Rev
02/08State 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:

400086283

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 05-123-31354-00 6. County: WELD
7. Well Name: KERR-MCGEE Well Number: 11-3
8. Location: QtrQtr: NWSW Section: 3 Township: 1N Range: 68W Meridian: 6
Footage at surface: Direction: FSL Distance: 1713 Direction: FWL Distance: 1111
As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage

at Top of Prod. Zone Distance: 1963 Direction: FSL Distance: 1962 Direction: FWL
at Bottom Hole Distance: 1975 Direction: FSL Distance: 1960 Direction: FWL

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) 07/07/2010 13. Date TD: 07/10/2010 14. Date Casing Set or D&A: 07/11/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8437 TVD 8374 17 Plug Back Total Depth MD 4185 TVD 412218. Elevations GR 5042 KB 5059

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#	967	690	967	0
S.C. 1.1	7+7/8	4+1/2	11.6#	8,385	639	8,385	4,185
S.C. 1.2	7+7/8	4+1/2	11.6#	4,185	440	4,185	767

REMEDIAL CEMENT

Cement work date: _____

Details of work:

DV Tool @ 4185'

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	S.C. 1.1	8,385	639	4,185	8,385
DV TOOL	S.C. 1.2	4,185	440	767	4,185

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	4,156		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,644		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,174		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,527		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,819		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,840		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,393		<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
400086287	CMT SUMMARY	KERR-MCGEE 11-3 SURF CMT TKT.pdf
400086288	DIRECTIONAL SURVEY	KERR-MCGEE 11-3 FINAL SURVEY & PLOT AND REPORT.pdf

Total Attach: 2 Files