

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



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Document Number:

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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: Kenny Trueax
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6383
 3. Address: P O BOX 173779 Fax: (720) 929-7383
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31341-00 6. County: WELD
 7. Well Name: NRC Well Number: 10-8
 8. Location: QtrQtr: SWSE Section: 8 Township: 1N Range: 67W Meridian: 6
 Footage at surface: Direction: FSL Distance: 1043 Direction: FEL Distance: 1381
 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: 1981 Direction: FSL Distance: 2008 Direction: FEL
 at Bottom Hole Distance: 1975 Direction: FSL Distance: 1995 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) 06/24/2010 13. Date TD: 06/28/2010 14. Date Casing Set or D&A: 06/30/2010

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

16. Total Depth MD 8714 TVD 8552 17 Plug Back Total Depth MD 8662 TVD 8499

18. Elevations GR 5056 KB 5071 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

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#	1,016	640	1,016	0
S.C. 1.1	7+7/8	4+1/2	11.6#	8,714	566	8,714	5,826
S.C. 1.2	7+7/8	4+1/2	11.6#	5,826	320	5,826	910

REMEDIAL CEMENT

Cement work date: _____

Details of work:

DV tool set at 5826' TVD

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	S.C. 1.1	5,826	566	5,826	8,714

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	4,410		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,753		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,555		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,853		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,893		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,331		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	8,506		<input type="checkbox"/>	<input type="checkbox"/>	
LAKOTA	8,565		<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	8,644		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: Kenny Trueax

Title: Regulatory Analyst II Date: _____ Email: Kenny.Trueax@anadarko.com

Based on the information provided herein, this Drilling Completion Report 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
400086758	DIRECTIONAL SURVEY	KERR MCGEE NRC 10-8 Final Plot & Survey (07.27.10).pdf
400086762	CMT SUMMARY	NRC 10-8 Sfc Cement Ticket.pdf

Total Attach: 2 Files