

**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:

400089455

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 05-123-31353-00 6. County: WELD
7. Well Name: NRC Well Number: 21-9
8. Location: QtrQtr: SWNW Section: 9 Township: 1N Range: 67W Meridian: 6
Footage at surface: Direction: FNL Distance: 1320 Direction: FWL Distance: 1258
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: 1341 Direction: FNL Distance: 2500 Direction: FWL
at Bottom Hole Distance: 1339 Direction: FNL Distance: 2497 Direction: FWL
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) 08/17/2010 13. Date TD: 08/21/2010 14. Date Casing Set or D&A: 08/23/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8386 TVD 8298 17 Plug Back Total Depth MD 8354 TVD 820718. Elevations GR 5021 KB 5038

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#	1,016	640	1,016	0
S.C. 1.1	7+7/8	4+1/2	11.6#	8,386	130	8,386	7,494
S.C. 1.2	7+7/8	4+1/2	11.6#	5,794	680	5,794	915

REMEDIAL CEMENT

Cement work date: _____

Details of work:

DV TOOL @ 5794'

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	S.C. 1.1	8,386	130	7,494	8,386
DV TOOL	S.C. 1.2	5,794	680	915	5,794

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	4,276		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,657		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,276		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,494		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,792		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,814		<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: Cindy Vue

Title: Regulatory Analyst II

Date: _____

Email: Cindy.Vue@anadarko.com

Based on the information provided herein, this Drilling Completion Report (Form 5) 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
400089464	DIRECTIONAL SURVEY	Anadarko NRC 21-9 Final Survey 8-24-10.pdf
400089465	CMT SUMMARY	NRC 21-9 SURF CMT TKT.PDF

Total Attach: 2 Files