

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: 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 05-123-09460-00 6. County: WELD
 7. Well Name: UPRR 42 PAN AM GAS UNIT "A" Well Number: 1
 8. Location: QtrQtr: NENE Section: 33 Township: 2N Range: 66W Meridian: 6
 Footage at surface: Direction: FNL Distance: 1320 Direction: FEL Distance: 1240
 As Drilled Latitude: 40.098203 As Drilled Longitude: -104.777097

GPS Data:

Data of Measurement: 04/29/2008 PDOP Reading: 2.5 GPS Instrument Operator's Name: Cody Mattson

** If directional footage

at Top of Prod. Zone Distance: _____ Direction: _____ Distance: _____ Direction: _____
 at Bottom Hole Distance: _____ Direction: _____ Distance: _____ Direction: _____

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) 04/13/1978 13. Date TD: 04/27/1978 14. Date Casing Set or D&A: 04/28/1978

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8078 TVD _____ 17 Plug Back Total Depth MD 8037 TVD _____

18. Elevations GR 4980 KB 4990

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:

CBL-GR-CCL run 7/7/10 to verify cement.

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	218	200	218	0
1ST	7+7/8	4+1/2	11.6	8,078	250	8,078	6,500

REMEDIAL CEMENT

Cement work date: 07/12/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	891	200	10	891
SQUEEZE	1ST	5,050	300	4,500	5,100

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	
SUSSEX	4,732		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,150		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,899		<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
400089516	CMT SUMMARY	Squeeze Cement Ticket 7-12-10.pdf

Total Attach: 1 Files