

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:

400089357

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 05-123-19963-00 6. County: WELD  
 7. Well Name: HSR GRANT BROTHERS Well Number: 10-31  
 8. Location: QtrQtr: NWSE Section: 31 Township: 2N Range: 67W Meridian: 6  
 Footage at surface: Direction: FSL Distance: 1860 Direction: FEL Distance: 2006  
 As Drilled Latitude: 40.092847 As Drilled Longitude: -104.931103

GPS Data:

Data of Measurement: 09/04/2008 PDOP Reading: 2.4 GPS Instrument Operator's Name: Cody Mattson

\*\* If directional footage

at Top of Prod. Zone Distance: 1516 Direction: FSL Distance: 1509 Direction: FEL  
 Sec: 31 Twp: 2N Rng: 67W  
 at Bottom Hole Distance: 1516 Direction: FSL Distance: 1509 Direction: FEL  
 Sec: 31 Twp: 2N Rng: 67W

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) 07/24/2000 13. Date TD: 07/30/2000 14. Date Casing Set or D&A: 08/08/2000

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8342 TVD 8272 17 Plug Back Total Depth MD 8294 TVD 8224

18. Elevations GR 5019 KB 5030

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:

GR-CCL-CBL-VDL run 7/28/10 for cement squeeze.

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              | 728           | 510          | 728           | 0          |
| 1ST         | 7+7/8        | 4+1/2          | 11.6            | 8,308         | 440          | 8,308         | 6,870      |

ADDITIONAL CEMENT

Cement work date: 07/21/2010

Details of work:

| Method used | String   | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|----------|-----------------------------------|---------------|------------|---------------|
| DV TOOL     | 1ST      | 5,583                             | 250           | 3,765      | 5,589         |
| SQUEEZE     | S.C. 1.1 | 7,084                             | 30            | 6,850      | 7,084         |

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         | 4,652          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SHANNON        | 5,170          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 7,456          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS      | 7,730          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL         | 7,762          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| J SAND         | 8,118          |        | <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                   |
|-------------|-------------|-----------------------------------|
| 400089376   | CMT SUMMARY | Squeeze Cement Ticket 7-21-10.pdf |

Total Attach: 1 Files