

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



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

400095255

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 05-123-07851-00 6. County: WELD
7. Well Name: HELEN E. KARICH UNIT Well Number: 1
8. Location: QtrQtr: NENE Section: 32 Township: 3N Range: 66W Meridian: 6
Footage at surface: Direction: FNL Distance: 1120 Direction: FEL Distance: 1200
As Drilled Latitude: 40.185426 As Drilled Longitude: -104.795947

GPS Data:

Data of Measurement: 01/11/2007 PDOP Reading: 3.5 GPS Instrument Operator's Name: Steve Fisher

** If directional footage

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

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) 10/21/1973 13. Date TD: 10/30/1973 14. Date Casing Set or D&A: 12/05/1973

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8010 TVD _____ 17 Plug Back Total Depth MD 7960 TVD _____

18. Elevations GR 4890 KB 4902

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:

CB-GR-CCL run 8/31/2010 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 | 607 | 425 | 607 | 0 |
| 1ST | 7+7/8 | 4+1/2 | 10.5 | 8,009 | 200 | 8,009 | 6,000 |

ADDITIONAL CEMENT

Cement work date: 08/12/2010

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|----------|-----------------------------------|---------------|------------|---------------|
| SQUEEZE | S.C. 1.1 | 7,110 | 150 | 6,780 | 7,110 |
| SQUEEZE | S.C. 1.1 | 4,980 | 342 | 4,630 | 4,980 |
| SQUEEZE | S.C. 1.1 | 4,600 | 260 | 4,580 | 4,600 |
| SQUEEZE | S.C. 1.1 | 4,530 | 160 | 4,440 | 4,530 |
| SQUEEZE | S.C. 1.1 | 4,150 | 195 | 4,140 | 4,150 |
| SQUEEZE | S.C. 1.1 | 4,430 | 30 | 4,350 | 4,430 |

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 | |
| NIOBRARA | 7,108 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,386 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 7,823 | | <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 |
|-------------|-------------|-------------------------------------------------------------------|
| 400095413 | CMT SUMMARY | Anadarko - Helen E Karich Unit #1 Post Job Plug 8-27-10.pdf |
| 400095414 | CMT SUMMARY | Anadarko - Helen E. Karich Unit #1 Squeeze 2 Post Job 8-25-10.pdf |
| 400095415 | CMT SUMMARY | Anadarko - Helen E. Karich Unit #1 Squeeze 8-23-10.pdf |
| 400095416 | CMT SUMMARY | Anadarko - Helen E. Karich Unit #1 Squeeze Post Job 8-24-10.pdf |
| 400095417 | CMT SUMMARY | Anadarko Helen E Karich Unit #1 Squeeze Post Job 8-17-10.pdf |
| 400095418 | CMT SUMMARY | Anadarko Helen E. Karich Unit #1 Squeeze Post Job 8-12-10.pdf |
| 400095419 | CMT SUMMARY | Anadrako Helen E. Karich Unit #1 Squeeze 3 Post Job 8-19-10.pdf |

Total Attach: 7 Files