

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

Document Number:
400100503

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 05-123-08381-00 6. County: WELD
7. Well Name: ALFRED D. SATER Well Number: UNIT 1
8. Location: QtrQtr: SWNE Section: 8 Township: 2N Range: 67W Meridian: 6
Footage at surface: Direction: FNL Distance: 1650 Direction: FEL Distance: 1650
As Drilled Latitude: 40.155700 As Drilled Longitude: -104.910317

GPS Data:

Data of Measurement: 10/17/2009 PDOP Reading: 1.8 GPS Instrument Operator's Name: Cody Mattson

** 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) 04/29/1975 13. Date TD: 05/09/1975 14. Date Casing Set or D&A: 05/10/1975

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7998 TVD _____ 17 Plug Back Total Depth MD 7949 TVD _____

18. Elevations GR 4907 KB 4917 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:

SBL-GR-CCL run 2/2/2010 for 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	512	325	512	0
1ST	7+7/8	4+1/2	10.5	7,998	300	7,998	6,760

ADDITIONAL CEMENT

Cement work date: 01/18/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	S.C. 1.1	5,020	350	4,420	5,020
SQUEEZE	S.C. 1.1	4,390	135	4,330	4,400
SQUEEZE	S.C. 1.1	4,258	140	4,305	4,320
SQUEEZE	S.C. 1.1	800	190	235	840

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	7,168		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,432		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,856		<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
400100550	CMT SUMMARY	SATER ALFRED D UNIT 1 Cement Squeeze Ticket 1-18-10.pdf
400100551	CMT SUMMARY	SATER ALFRED D UNIT 1 Cement Squeeze Ticket 1-21-10.pdf
400100552	CMT SUMMARY	SATER ALFRED D UNIT 1 Cement Squeeze Ticket 1-27-10.pdf
400100553	CMT SUMMARY	SATER ALFRED D UNIT 1 Cement Squeeze Ticket 2-1-10.pdf

Total Attach: 4 Files