

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:
2556246

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: _____
3. Address: P O BOX 173779 Fax: _____
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31327-00 6. County: WELD
7. Well Name: WORRIES Well Number: 32-14
8. Location: QtrQtr: SWNW Section: 14 Township: 4N Range: 65W Meridian: 6
Footage at surface: Distance: 1964 feet Direction: FNL Distance: 308 feet Direction: FWL
As Drilled Latitude: 40.314366 As Drilled Longitude: -104.638553

GPS Data:

Data of Measurement: 02/24/2010 PDOP Reading: 2.2 GPS Instrument Operator's Name: RENEE DOIRON

** If directional footage

at Top of Prod. Zone Distance: 2590 feet Direction: FNL Distance: 60 feet Direction: FWL
Sec: 14 Twp: 4N Rng: 65W
at Bottom Hole Distance: 2594 feet Direction: FNL Distance: 102 feet Direction: FWL
Sec: 14 Twp: 4N Rng: 65W

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) 05/02/2010 13. Date TD: 05/04/2010 14. Date Casing Set or D&A: 05/05/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7755 TVD 7674 17 Plug Back Total Depth MD 7705 TVD 7624

18. Elevations GR 4691 KB 4706

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:

CD-CN-ML, DI-GL-GR, CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
SURF	12+1/4	8+5/8		617	390	0	617	CALC
1ST	7+7/8	4+1/2		7,742	940	645	7,742	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
GREELEY SAND	2,712	2,850	<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,700	3,815	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,350	4,550	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,893		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,100		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,116		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,584		<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: 6/14/2010 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: *David S. Neslin* Director of COGCC Date: 1/5/2011

Attachment Check List

Att Doc Num	Name
2556246	FORM 5 SUBMITTED
2556247	DIRECTIONAL SURVEY
2556248	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
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Total: 0 comment(s)