

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:

2554408

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 05-123-30121-00 6. County: WELD
7. Well Name: BRYANT Well Number: 24-30
8. Location: QtrQtr: NESE Section: 30 Township: 2N Range: 68W Meridian: 6
Footage at surface: Distance: 1786 feet Direction: FSL Distance: 403 feet Direction: FEL
As Drilled Latitude: 40.107273 As Drilled Longitude: -105.038278

GPS Data:

Data of Measurement: 10/14/2009 PDOP Reading: 2.0 GPS Instrument Operator's Name: RENEE DOIRON

** If directional footage

at Top of Prod. Zone Distance: 2574 feet Direction: FNL Distance: 1182 feet Direction: FEL
Sec: 30 Twp: 2N Rng: 68W
at Bottom Hole Distance: 2572 feet Direction: FNL Distance: 1178 feet Direction: FEL
Sec: 30 Twp: 2N Rng: 68W

9. Field Name: SPINDLE 10. Field Number: 77900

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 08/31/2009 13. Date TD: 09/03/2009 14. Date Casing Set or D&A: 09/04/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7800 TVD 7680 17 Plug Back Total Depth MD 7757 TVD 7637

18. Elevations GR 4924 KB 4939

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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	749	198	0	749	
1ST	7+7/8	4+1/2		0	7,793	910	1,890	7,793	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	
PARKMAN	3,862		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,265		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,845		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,304		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,596		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,616		<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: 9/30/2009 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. Nash* Director of COGCC Date: 2/17/2011

Attachment Check List

Att Doc Num	Name
2554408	FORM 5 SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)