

**FORM
5**Rev
02/08State 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:

2556016

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 05-123-29452-00 6. County: WELD
7. Well Name: SEC FOUR Well Number: 5-4
8. Location: QtrQtr: NWNW Section: 4 Township: 1N Range: 68W Meridian: 6
Footage at surface: Distance: 1293 feet Direction: FNL Distance: 1242 feet Direction: FWL
As Drilled Latitude: 40.084111 As Drilled Longitude: -105.013272

GPS Data:

Data of Measurement: 09/08/2009 PDOP Reading: 2.2 GPS Instrument Operator's Name: CODY MATTSON

** If directional footage

at Top of Prod. Zone Distance: 1943 feet Direction: FNL Distance: 654 feet Direction: FWL
Sec: 4 Twp: 1N Rng: 68W
at Bottom Hole Distance: 1933 feet Direction: FNL Distance: 648 feet Direction: FWL
Sec: 4 Twp: 1N 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) 06/08/2009 13. Date TD: 06/11/2009 14. Date Casing Set or D&A: 06/12/2009

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8410 TVD 8326 17 Plug Back Total Depth MD 8358 TVD 749418. Elevations GR 5028 KB 5043

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:

CBL, CDL/CNL/ML, DIL/GL/GR

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	816	510	0	816	CALC
1ST	7+7/8	4+1/2		0	8,395	715	3,160	8,395	CALC

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	4,122	4,180	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,513	4,860	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,118	5,200	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,498		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,816		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,836		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,269		<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 Date: 6/16/2010 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: 2/21/2011

Attachment Check List

Att Doc Num	Name
2556016	FORM 5 SUBMITTED
2556017	DIRECTIONAL SURVEY
2556018	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)