

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:  
2509283

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 05-123-30119-00 6. County: WELD  
7. Well Name: BRYANT Well Number: 10-30  
8. Location: QtrQtr: NESE Section: 30 Township: 2N Range: 68W Meridian: 6  
Footage at surface: Distance: 1777 feet Direction: FSL Distance: 416 feet Direction: FEL  
As Drilled Latitude: 40.107241 As Drilled Longitude: -105.038326

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: 1934 feet Direction: FSL Distance: 1990 feet Direction: FEL  
Sec: 30 Twp: 2N Rng: 68W  
at Bottom Hole Distance: 1927 feet Direction: FSL Distance: 1983 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) 09/04/2009 13. Date TD: 09/08/2009 14. Date Casing Set or D&A: 09/09/2009

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8413 TVD 8118 17 Plug Back Total Depth MD 8382 TVD 8087

18. Elevations GR 4923 KB 4938

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	761	256	0	761	CALC
1ST	7+7/8	4+1/2		0	8,402	239	6,708	8,402	

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,515	596	1,645	5,517

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	4,000		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,476		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,024		<input type="checkbox"/>	<input type="checkbox"/>	SHANNON-UPPER
NIOBRARA	7,490		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,772		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,790		<input type="checkbox"/>	<input type="checkbox"/>	J-SILT 8202
J SAND	8,220		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

DV TOOL SET @ 5515'

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

**Attachment Check List**

Att Doc Num	Name
2509283	FORM 5 SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date
Permit	Pls approved form 5, submitted 12/18/09, doc# 2609951. The apporval did not go through. this form 5 revises the DV Tool Depth to 5515', all other info is the same.	12/1/2010 12:19:21 PM

Total: 1 comment(s)