

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:

2556704

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 05-123-30943-00 6. County: WELD  
7. Well Name: STATE Well Number: 1-16  
8. Location: QtrQtr: NENW Section: 16 Township: 1N Range: 68W Meridian: 6  
Footage at surface: Distance: 348 feet Direction: FNL Distance: 2503 feet Direction: FWL  
As Drilled Latitude: 40.057428 As Drilled Longitude: -105.009253

GPS Data:

Data of Measurement: 06/22/2010 PDOP Reading: 2.2 GPS Instrument Operator's Name: RENEE DOIRON

\*\* If directional footage

at Top of Prod. Zone Distance: 643 feet Direction: FNL Distance: 645 feet Direction: FEL  
Sec: 16 Twp: 1N Rng: 68W  
at Bottom Hole Distance: 640 feet Direction: FNL Distance: 638 feet Direction: FEL  
Sec: 16 Twp: 1N Rng: 68W

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) 05/14/2010 13. Date TD: 05/17/2010 14. Date Casing Set or D&A: 05/18/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8540 TVD 8063 17 Plug Back Total Depth MD 8485 TVD 8008

18. Elevations GR 5135 KB 5152

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	1,061	670	0	1,061	CALC
1ST	7+7/8	4+1/2		0	8,462	970	1,402	8,462	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	4,655		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,164		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,703		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,990		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,349		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,369		<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: RETULATORY ANALYST II Date: 7/7/2010 Email: CINDY.VUE@ANADARKO.COM

**Attachment Check List**

Att Doc Num	Name
2556704	FORM 5 SUBMITTED
2556705	DIRECTIONAL SURVEY
2556706	CEMENT JOB SUMMARY

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)