

**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:

400138357

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 05-123-31764-00

6. County: WELD

7. Well Name: WINTER

Well Number: 39-19

8. Location: QtrQtr: SESE Section: 19 Township: 6N Range: 64W Meridian: 6

Footage at surface: Distance: 741 feet Direction: FSL Distance: 882 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage

at Top of Prod. Zone Distance: 1233 feet Direction: FSL Distance: 38 feet Direction: FEL

Sec: 19 Twp: 6N Rng: 64W

at Bottom Hole Distance: 1231 feet Direction: FSL Distance: 41 feet Direction: FEL

Sec: 19 Twp: 6N Rng: 64W

9. Field Name: GREELEY

10. Field Number: 32760

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/30/2011 13. Date TD: 02/02/2011 14. Date Casing Set or D&A: 02/02/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7267 TVD 7131 17 Plug Back Total Depth MD 7220 TVD 7084

18. Elevations GR 4705 KB 4721

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:

PRELIMINARY FORM 5

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	24#	0	679	430	0	679	CALC
1ST	7+5/8	4+1/2	11.6#	0	7,254	930	480	7,254	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	
GREELEY SAND	2,480	2,972	<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,714	4,090	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,466	4,670	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,770		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,060		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,083		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

THE ANTICIPATED PLAN IS TO COMPLETE THIS WELL IN THE NEXT THREE MONTHS.

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: _____ Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name
400138358	CEMENT JOB SUMMARY
400138359	DIRECTIONAL SURVEY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)