

FORM
5Rev
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:

2511069

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: _____
3. Address: P O BOX 173779 Fax: _____
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-30716-00 6. County: WELD
7. Well Name: CAMP Well Number: 41-24
8. Location: QtrQtr: SENE Section: 24 Township: 3N Range: 67W Meridian: 6
Footage at surface: Distance: 2246 feet Direction: FNL Distance: 372 feet Direction: FEL
As Drilled Latitude: 40.211078 As Drilled Longitude: -104.831262

GPS Data:

Data of Measurement: 03/10/2010 PDOP Reading: 2.9 GPS Instrument Operator's Name: RENEE DOIRON

** If directional footage

at Top of Prod. Zone Distance: 1313 feet Direction: FNL Distance: 73 feet Direction: FEL
Sec: 24 Twp: 3N Rng: 67W
at Bottom Hole Distance: 1309 feet Direction: FNL Distance: 63 feet Direction: FEL
Sec: 24 Twp: 3N Rng: 67W

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) 01/19/2010 13. Date TD: 01/23/2010 14. Date Casing Set or D&A: 01/24/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8023 TVD 7901 17 Plug Back Total Depth MD 7980 TVD 785818. Elevations GR 4796 KB 4811

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:

P/E AILC-CNLD-ML, 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	877	310	0	877	CALC
1ST	7+7/8	4+1/2		0	8,014	210	6,540	8,014	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF		584	1,118	5,380

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	3,839		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,333		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,894		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,127		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,390		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,410		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,857		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

DV STAGE TOOL @ 5380

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 Date: 7/12/2010 Email: CINDY.VUE@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
2511069	FORM 5 SUBMITTED
2511070	CEMENT JOB SUMMARY
2511071	DIRECTIONAL SURVEY

Total Attach: 3 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)