

**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:

2554306

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 05-123-30772-00 6. County: WELD
7. Well Name: BELLA FEDERAL Well Number: 24-7
8. Location: QtrQtr: SESE Section: 7 Township: 3N Range: 66W Meridian: 6
Footage at surface: Distance: 941 feet Direction: FSL Distance: 1148 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: 2546 feet Direction: FNL Distance: 1183 feet Direction: FEL
Sec: 7 Twp: 3N Rng: 66W
at Bottom Hole Distance: 2528 feet Direction: FNL Distance: 1174 feet Direction: FEL
Sec: 7 Twp: 3N Rng: 66W

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) 03/03/2010 13. Date TD: 03/07/2010 14. Date Casing Set or D&A: 03/08/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8250 TVD 7950 17 Plug Back Total Depth MD 8203 TVD 790318. Elevations GR 4840 KB 4855

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, SBL-GR-CCL

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	681	430	0	681	CALC
1ST	7+7/8	4+1/2		0	8,241	1,021	800	8,241	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	4,037	4,134	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,466	4,795	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,091	5,160	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,374		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,622		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,642		<input type="checkbox"/>	<input type="checkbox"/>	J SILT 8078
J SAND	8,094		<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: REGUALTORY ANALYST II Date: 4/6/2010 Email: CINDY.VUE@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
2554304	DIRECTIONAL SURVEY
2554305	CEMENT JOB SUMMARY
2554306	FORM 5 SUBMITTED

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)