

**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

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.

Document Number:

2511474

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) 9296832
3. Address: P O BOX 173779 Fax: (720) 9297832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-07801-00 6. County: WELD
7. Well Name: GORDON TURKEY FARMS B U Well Number: 1
8. Location: QtrQtr: SWSW Section: 10 Township: 2N Range: 67W Meridian: 6
Footage at surface: Distance: 1240 feet Direction: FSL Distance: 990 feet Direction: FWL
As Drilled Latitude: 40.148831 As Drilled Longitude: -104.882431

GPS Data:

Data of Measurement: 06/25/2010 PDOP Reading: 2.8 GPS Instrument Operator's Name: CODY MATTSON

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

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) 08/17/1973 13. Date TD: 08/27/1973 14. Date Casing Set or D&A: 08/27/1973

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8160 TVD _____ 17 Plug Back Total Depth MD 8104 TVD _____18. Elevations GR 4975 KB 4987

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:

CB-GR-CCL RUN 6/9/2010 FOR CEMENT SQUEEZES.

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	219	200	0	219	CALC
1ST	7+7/8	4+1/2		0	8,157	200	340	8,157	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	1ST	654	200	320	654
SQUEEZE	S.C. 1.1	1,933	100	1,685	1,933
SQUEEZE	S.C. 2.1	7,421	200	6,790	7,421

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	
SUSSEX	4,380	4,650	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,005	5,813	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,260	7,530	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,557	7,576	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,986	8,036	<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: REGULATORY ANALYSTII Date: 7/26/2010 Email: CINDY.VUE@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
2511474	FORM 5 SUBMITTED
2511475	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	REQ DIGITAL CBL	12/7/2010 12:39:44 PM

Total: 1 comment(s)