

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:

2511479

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

5. API Number 05-123-29455-00 6. County: WELD
7. Well Name: SEC FOUR Well Number: 3-4
8. Location: QtrQtr: NWNW Section: 4 Township: 1N Range: 68W Meridian: 6
Footage at surface: Distance: 1293 feet Direction: FNL Distance: 1287 feet Direction: FWL
As Drilled Latitude: 40.084117 As Drilled Longitude: -105.013117

GPS Data:

Data of Measurement: 09/08/2009 PDOP Reading: 2.4 GPS Instrument Operator's Name: CODY MATTSON

** If directional footage

at Top of Prod. Zone Distance: 666 feet Direction: FNL Distance: 1954 feet Direction: FWL
Sec: 4 Twp: 1N Rng: 68W
at Bottom Hole Distance: 656 feet Direction: FNL Distance: 1937 feet Direction: FWL
Sec: 4 Twp: 1N Rng: 68W

9. Field Name: SPINDLE 10. Field Number: 77900

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 06/23/2009 13. Date TD: 06/27/2009 14. Date Casing Set or D&A: 06/28/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8425 TVD 8331 17 Plug Back Total Depth MD 8397 TVD 8303

18. Elevations GR 5028 KB 5043

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:

CBL, DIL-GL-GR, CNL-CDL-ML

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	817	475	0	817	CALC
1ST	7+7/8	4+1/2		0	8,415	225	6,750	8,415	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		650	3,230	5,660

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	4,144	4,216	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,533	4,832	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,140	5,168	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,470		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,825		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,845		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,276		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

DV TOOL @ 5638.

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: 5/18/2010 Email: CINDY.VUE@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
2511479	FORM 5 SUBMITTED
2511480	CEMENT JOB SUMMARY
2511481	DIRECTIONAL SURVEY

Total Attach: 3 Files

General Comments

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

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Total: 0 comment(s)