

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:

2511632

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 05-123-08287-00 6. County: WELD
7. Well Name: WILLIAM F SCHMIDT GAS UT Well Number: 1
8. Location: QtrQtr: SWSW Section: 8 Township: 1N Range: 66W Meridian: 6
Footage at surface: Distance: 990 feet Direction: FSL Distance: 1250 feet Direction: FWL
As Drilled Latitude: 40.061177 As Drilled Longitude: -104.805999

GPS Data:

Data of Measurement: 02/23/2007 PDOP Reading: 3.8 GPS Instrument Operator's Name: STEVE FISHER

** 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) 02/17/1975 13. Date TD: 02/25/1975 14. Date Casing Set or D&A: _____

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8068 TVD _____ 17 Plug Back Total Depth MD 8008 TVD _____

18. Elevations GR 4929 KB 4939

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:

GR-CCL-CB-VDL RUN 9/11/2008 FOR SQUEEZE.

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	202	175	0	202	CALC
1ST	7+7/8	4+1/2		0	8,068	450	100	8,068	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	7,160	100	7,055	7,400
SQUEEZE	1ST	950	440	0	1,000

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	
NIOBRARA	7,235		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,472		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,914		<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: 8/10/2010 Email: CINDY.VUE@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
2511632	FORM 5 SUBMITTED
2511633	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)