

**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



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| DE | ET | OE | ES |
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Document Number:

2511924

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

5. API Number 05-123-15143-00 6. County: WELD
7. Well Name: HSR-BROWN Well Number: 14-1A
8. Location: QtrQtr: SESW Section: 1 Township: 3N Range: 66W Meridian: 6
Footage at surface: Distance: 660 feet Direction: FSL Distance: 2025 feet Direction: FWL
As Drilled Latitude: 40.248480 As Drilled Longitude: -104.727597

GPS Data:

Data of Measurement: 05/19/2006 PDOP Reading: 1.9 GPS Instrument Operator's Name: CHRIS 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) 08/11/1991 13. Date TD: 08/16/1991 14. Date Casing Set or D&A: 08/16/1991

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7522 TVD _____ 17 Plug Back Total Depth MD 7456 TVD _____18. Elevations GR 4928 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:

CVBL-GR-CCL RUN 1/9/2009 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 | 545 | 390 | 0 | 545 | CALC |
| 1ST | 7+7/8 | 4+1/2 | | 0 | 7,481 | 145 | 6,610 | 7,481 | CBL |
| 1ST LINER | 3+7/8 | 2+7/8 | | 0 | 7,986 | 35 | 7,431 | 7,986 | 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 | 6,570 | 220 | 5,710 | 6,600 |
| SQUEEZE | 1ST | 4,800 | 280 | 4,285 | 4,832 |

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 | 7,066 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,344 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,365 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 7,830 | | <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: 8/12/2010 Email: CINDY.VUE@ANADARKO.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|--------------------|
| 2511924 | FORM 5 SUBMITTED |
| 2511925 | CEMENT JOB SUMMARY |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|-----------------|-------------------------|
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Total: 1 comment(s)