

**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:

400085335

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 05-123-10810-00 6. County: WELD
7. Well Name: GORDON TURKEY FARMS PO Well Number: 2
8. Location: QtrQtr: NENE Section: 10 Township: 2N Range: 67W Meridian: 6
Footage at surface: Distance: 990 feet Direction: FNL Distance: 1100 feet Direction: FEL
As Drilled Latitude: 40.157129 As Drilled Longitude: -104.871053

GPS Data:

Data of Measurement: 04/18/2007 PDOP Reading: 1.8 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) 09/04/1982 13. Date TD: 09/16/1982 14. Date Casing Set or D&A: 09/16/1982

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8120 TVD _____ 17 Plug Back Total Depth MD 8055 TVD _____18. Elevations GR 4920 KB 4932

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's run 6/2010 for SUSX 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	24#	0	822	200	0	822	CALC
1ST	7+7/8	4+1/2	14#	0	8,128	1,025	6,060	8,128	CALC

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	S.C. 1.1	4,400	300	4,280	4,410
SQUEEZE	S.C. 1.2	4,245	100	4,135	4,250

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	4,345		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,934		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,204		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,494		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,902		<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 Analyst II Date: 8/19/2010 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name
400085335	FORM 5 SUBMITTED
400085367	CEMENT JOB SUMMARY
400085368	CEMENT JOB SUMMARY
400085369	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

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

--	--	--

Total: 0 comment(s)