

**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:

400086283

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 05-123-31354-00 6. County: WELD
7. Well Name: KERR-MCGEE Well Number: 11-3
8. Location: QtrQtr: NWSW Section: 3 Township: 1N Range: 68W Meridian: 6
Footage at surface: Distance: 1713 feet Direction: FSL Distance: 1111 feet Direction: FWL
As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage

at Top of Prod. Zone Distance: 1963 feet Direction: FSL Distance: 1962 feet Direction: FWL
Sec: 3 Twp: 1N Rng: 68W
at Bottom Hole Distance: 1975 feet Direction: FSL Distance: 1960 feet Direction: FWL
Sec: 3 Twp: 1N Rng: 68W

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) 07/07/2010 13. Date TD: 07/10/2010 14. Date Casing Set or D&A: 07/11/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8437 TVD 8374 17 Plug Back Total Depth MD 4185 TVD 412218. Elevations GR 5042 KB 5059

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:

PRELIMINARY FORM 5

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 | 967 | 690 | 0 | 967 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6# | 0 | 8,385 | 639 | 4,185 | 8,385 | CBL |

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

DV Tool @ 4185'

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|----------|-----------------------------------|---------------|------------|---------------|
| DV TOOL | S.C. 1.1 | 8,385 | 639 | 4,185 | 8,385 |
| DV TOOL | S.C. 1.2 | 4,185 | 440 | 960 | 4,185 |

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 | 4,156 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,644 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 5,174 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,527 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,819 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,840 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 8,393 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

PRELIMINARY FORM 5

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: 8/20/2010 Email: Cindy.Vue@anadarko.com

Attachment Check List

| Att Doc Num | Name |
|-------------|--------------------|
| 400086283 | FORM 5 SUBMITTED |
| 400086287 | CEMENT JOB SUMMARY |
| 400086288 | DIRECTIONAL SURVEY |

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)