

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:

400085468

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: Kenny Trueax
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6383
3. Address: P O BOX 173779 Fax: (720) 929-7383
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31341-00 6. County: WELD
7. Well Name: NRC Well Number: 10-8
8. Location: QtrQtr: SWSE Section: 8 Township: 1N Range: 67W Meridian: 6
Footage at surface: Distance: 1043 feet Direction: FSL Distance: 1381 feet Direction: FEL
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: 1981 feet Direction: FSL Distance: 2008 feet Direction: FEL
Sec: 8 Twp: 1N Rng: 67W
at Bottom Hole Distance: 1975 feet Direction: FSL Distance: 1995 feet Direction: FEL
Sec: 8 Twp: 1N Rng: 67W

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) 06/24/2010 13. Date TD: 06/28/2010 14. Date Casing Set or D&A: 06/30/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8714 TVD 8552 17 Plug Back Total Depth MD 8662 TVD 8499

18. Elevations GR 5056 KB 5071

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:

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	1,016	640	0	1,016	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,714	566	5,826	8,714	CALC

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

DV tool set at 5826' TVD

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	S.C. 1.1	5,826	566	970	8,714

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	4,410		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,753		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,555		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,853		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,893		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,331		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	8,506		<input type="checkbox"/>	<input type="checkbox"/>	
LAKOTA	8,565		<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	8,644		<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: Kenny Trueax

Title: Regulatory Analyst II Date: 8/23/2010 Email: Kenny.Trueax@anadarko.com

Attachment Check List

Att Doc Num	Name
400085468	FORM 5 SUBMITTED
400086758	DIRECTIONAL SURVEY
400086762	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)