

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:

2512121

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 05-123-24380-00 6. County: WELD
7. Well Name: FRICO Well Number: 28-15
8. Location: QtrQtr: SWSW Section: 10 Township: 3N Range: 65W Meridian: 6
Footage at surface: Distance: 431 feet Direction: FSL Distance: 642 feet Direction: FWL
As Drilled Latitude: 40.233786 As Drilled Longitude: -104.657175

GPS Data:

Data of Measurement: 02/11/2008 PDOP Reading: 2.6 GPS Instrument Operator's Name: CODY MATTSON

** If directional footage

at Top of Prod. Zone Distance: 69 feet Direction: FNL Distance: 2586 feet Direction: FWL
Sec: 10 Twp: 3N Rng: 65W
at Bottom Hole Distance: 74 feet Direction: FNL Distance: 2618 feet Direction: FWL
Sec: 10 Twp: 3N Rng: 65W

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) 09/12/2007 13. Date TD: 09/18/2007 14. Date Casing Set or D&A: 09/19/2007

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7786 TVD 7360 17 Plug Back Total Depth MD 7730 TVD 7304

18. Elevations GR 4820 KB 4832

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-GR-CCL RUN 07/25/2008 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	814	600	0	814	CALC
1ST	7+7/8	4+1/2		0	7,770	537	3,460	7,770	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	SURF	2,078	35	1,975	2,078
SQUEEZE	SURF	2,050	50	1,975	2,078

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	3,978		<input type="checkbox"/>	<input type="checkbox"/>	ATTACHED CBL FROM 07/25/2008. TEST CASING TO 1000 PSI; HELD FOR 15 MINUTES. (0827/2008).
SUSSEX	4,440		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,319		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,593		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,616		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: ATTACHED CBL FROM 07/25/2008. TEST CASING TO 1000 PSI; HELD FOR 15 MINUTES. (08/27/2008).

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 Date: 8/23/2010 Email: CINDY.VUE@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
2512121	FORM 5 SUBMITTED
2512122	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	REQ DIGITAL CBL FOR SQUEEZE	12/10/2010 11:58:35 AM

Total: 1 comment(s)