

**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

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.

Document Number:

400088794

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 05-123-31300-00 6. County: WELD
7. Well Name: NRC Well Number: 24-8
8. Location: QtrQtr: SWNE Section: 8 Township: 1N Range: 67W Meridian: 6
Footage at surface: Distance: 1570 feet Direction: FNL Distance: 1507 feet Direction: FEL
As Drilled Latitude: 40.068502 As Drilled Longitude: -104.910521

GPS Data:

Data of Measurement: 08/06/2010 PDOP Reading: 1.7 GPS Instrument Operator's Name: Renee Dorion

** If directional footage at Top of Prod. Zone Dist.: 2597 feet. Direction: FNL Dist.: 1315 feet. Direction: FEL
Sec: 8 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 2601 feet. Direction: FNL Dist.: 1316 feet. Direction: FEL
Sec: 8 Twp: 1N Rng: 67W

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) 07/22/2010 13. Date TD: 07/25/2010 14. Date Casing Set or D&A: 07/26/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8405 TVD** 8262 17 Plug Back Total Depth MD 4361 TVD** 421818. Elevations GR 5008 KB 5023

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 | 1,015 | 640 | 0 | 1,015 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6# | 0 | 8,391 | 450 | 4,770 | 8,391 | CALC |

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

DV TOOL @ 4361'

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|----------|-----------------------------------|---------------|------------|---------------|
| DV TOOL | S.C. 1.1 | 8,391 | 450 | 4,770 | 8,391 |
| DV TOOL | S.C. 1.2 | 4,361 | 465 | 1,230 | 4,361 |

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 | 4,294 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,800 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 5,296 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| TEEPEE BUTTES | 7,049 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,490 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,798 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,820 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 8,263 | | <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: 8/30/2010 Email: Cindy.Vue@anadarko.com

Attachment Check List

| Att Doc Num | Document Name | attached ? |
|-----------------------------|-----------------------|---|
| <u>Attachment Checklist</u> | | |
| 400088800 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400088799 | Directional Survey ** | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | DST Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | Logs | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | |
| 400088794 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400088799 | DIRECTIONAL SURVEY | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400088800 | CEMENT JOB SUMMARY | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------------|---------------------|
| Permit | req all digital logs | 1/7/2011 8:41:19 AM |

Total: 1 comment(s)