

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:
400142369

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 05-123-31599-00 6. County: WELD
7. Well Name: DRY CREEK Well Number: 22-27
8. Location: QtrQtr: NWNW Section: 27 Township: 1N Range: 67W Meridian: 6
Footage at surface: Distance: 1169 feet Direction: FNL Distance: 1229 feet Direction: FWL
As Drilled Latitude: 40.026137 As Drilled Longitude: -104.881724

GPS Data:

Data of Measurement: 11/09/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 2595 feet. Direction: FNL Dist.: 1329 feet. Direction: FWL
Sec: 27 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 2581 feet. Direction: FNL Dist.: 1326 feet. Direction: FWL
Sec: 27 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) 10/22/2010 13. Date TD: 10/25/2010 14. Date Casing Set or D&A: 10/26/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8510 TVD** 8311 17 Plug Back Total Depth MD 8463 TVD** 8264

18. 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:

P/E AILC-CNLD-ML-CV-TC; CBL

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	1,172	780	0	1,172	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,500	960	4,290	8,500	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	4,490		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,850		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,506		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,520		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,914		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,937		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,378		<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: _____ Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400142374	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400142373	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"/>

General Comments

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

Total: 0 comment(s)