

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



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**DRILLING COMPLETION REPORT**

Document Number:  
400089357

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 05-123-19963-00 6. County: WELD  
7. Well Name: HSR GRANT BROTHERS Well Number: 10-31  
8. Location: QtrQtr: NWSE Section: 31 Township: 2N Range: 67W Meridian: 6  
Footage at surface: Distance: 1860 feet Direction: FSL Distance: 2006 feet Direction: FEL  
As Drilled Latitude: 40.092847 As Drilled Longitude: -104.931103

GPS Data:

Data of Measurement: 09/04/2008 PDOP Reading: 2.4 GPS Instrument Operator's Name: Cody Mattson

\*\* If directional footage at Top of Prod. Zone Dist.: 1516 feet. Direction: FSL Dist.: 1509 feet. Direction: FEL  
Sec: 31 Twp: 2N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 1516 feet. Direction: FSL Dist.: 1509 feet. Direction: FEL  
Sec: 31 Twp: 2N 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) 07/24/2000 13. Date TD: 07/30/2000 14. Date Casing Set or D&A: 08/08/2000

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8342 TVD\*\* 8272 17 Plug Back Total Depth MD 8294 TVD\*\* 8224

18. Elevations GR 5019 KB 5030

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:

GR-CCL-CBL-VDL run 7/28/10 for cement 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	24	0	728	510	0	728	CALC
1ST	7+7/8	4+1/2	11.6	0	8,308	440	6,870	8,308	CALC

ADDITIONAL CEMENT

Cement work date: 07/21/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,583	250	3,765	5,589
SQUEEZE	S.C. 1.1	7,084	30	6,850	7,084

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	
SUSSEX	4,652		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,170		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,456		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,730		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,762		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,118		<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: 9/27/2010 Email: Cindy.Vue@anadarko.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400089376	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
400089357	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)