

FORM
5Rev
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

Document Number:

400143659

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.

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 05-123-31353-00 6. County: WELD
7. Well Name: NRC Well Number: 21-9
8. Location: QtrQtr: SWNW Section: 9 Township: 1N Range: 67W Meridian: 6
Footage at surface: Distance: 1320 feet Direction: FNL Distance: 1258 feet Direction: FWL
As Drilled Latitude: 40.069140 As Drilled Longitude: -104.900630

GPS Data:

Data of Measurement: 09/03/2010 PDOP Reading: 1.7 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 1341 feet. Direction: FNL Dist.: 2500 feet. Direction: FWL
Sec: 9 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1339 feet. Direction: FNL Dist.: 2497 feet. Direction: FWL
Sec: 9 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) 08/17/2010 13. Date TD: 08/21/2010 14. Date Casing Set or D&A: 08/23/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8386 TVD** 8298 17 Plug Back Total Depth MD 8354 TVD** 820718. Elevations GR 5021 KB 5038

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:

CD-CN-ML, DI-GL-GR; 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	1,016	640	0	1,016	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,386	130	6,615	8,386	CBL

ADDITIONAL CEMENT

Cement work date: 08/23/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,740	680	1,204	5,770

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	4,276		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,657		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,276		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,494		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,792		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,814		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,260		<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 ?			
<u>Attachment Checklist</u>					
400143664	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400143663	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)