

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:

400146776

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 05-123-31657-00 6. County: WELD
7. Well Name: WINTERS Well Number: 23-3
8. Location: QtrQtr: NWSW Section: 3 Township: 5N Range: 65W Meridian: 6
Footage at surface: Distance: 1711 feet Direction: FSL Distance: 499 feet Direction: FWL
As Drilled Latitude: 40.425741 As Drilled Longitude: -104.657105

GPS Data:

Data of Measurement: 01/31/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 1422 feet. Direction: FSL Dist.: 2576 feet. Direction: FWL
Sec: 3 Twp: 5N Rng: 65W

** If directional footage at Bottom Hole Dist.: 1437 feet. Direction: FSL Dist.: 2574 feet. Direction: FWL
Sec: 3 Twp: 5N 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) 01/22/2011 13. Date TD: 01/24/2011 14. Date Casing Set or D&A: 01/25/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7555 TVD** 7128 17 Plug Back Total Depth MD 7505 TVD** 707918. Elevations GR 4632 KB 4648

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	552	390	0	552	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,535	965	0	7,535	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	
GREELEY SAND	2,600	2,900	<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,834	4,510	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,570	4,720	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,160		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,055		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,362		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,386		<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>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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"/>
400146778	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)