

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:  
400147317

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: CARA MAHLER  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029  
3. Address: P O BOX 173779 Fax: (720) 929-7029  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31371-00 6. County: WELD  
7. Well Name: NRC Well Number: 9-9  
8. Location: QtrQtr: SWSE Section: 9 Township: 1N Range: 67W Meridian: 6  
Footage at surface: Distance: 1118 feet Direction: FSL Distance: 1502 feet Direction: FEL  
As Drilled Latitude: 40.061349 As Drilled Longitude: -104.891693

GPS Data:

Data of Measurement: 11/03/2010 PDOP Reading: 2.1 GPS Instrument Operator's Name: RENEE DOIRON

\*\* If directional footage at Top of Prod. Zone Dist.: 1991 feet. Direction: FSL Dist.: 640 feet. Direction: FEL  
Sec: 9 Twp: 1N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 1986 feet. Direction: FSL Dist.: 638 feet. Direction: FEL  
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) 09/12/2010 13. Date TD: 09/16/2010 14. Date Casing Set or D&A: 09/18/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8635 TVD\*\* 8498 17 Plug Back Total Depth MD 8579 TVD\*\* 8442

18. Elevations GR 5024 KB 5039

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-CB-VDL, PE-AI-LC, PE- CN-LD, PE-ML, PE-CL-CV, PE-TC

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	1,031	650	0	1,031	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,635	160	7,245	8,635	CBL

ADDITIONAL CEMENT

Cement work date: 09/17/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,846	430	1,000	5,846

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	4,298		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,666		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,468		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,788		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,810		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,254		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	8,428		<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: CARA MAHLER

Title: REGULATORY ANALYST Date: \_\_\_\_\_ Email: CARA.MAHLER@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"/>
	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)