

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:

400148724

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 05-123-31591-00 6. County: WELD
7. Well Name: DRY CREEK Well Number: 16-27
8. Location: QtrQtr: SESE Section: 27 Township: 1N Range: 67W Meridian: 6
Footage at surface: Distance: 1020 feet Direction: FSL Distance: 1104 feet Direction: FEL
As Drilled Latitude: 40.017669 As Drilled Longitude: -104.871183

GPS Data:

Data of Measurement: 12/30/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: RENEE DOIRON

** If directional footage at Top of Prod. Zone Dist.: 647 feet. Direction: FSL Dist.: 663 feet. Direction: FEL
Sec: 27 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 644 feet. Direction: FSL Dist.: 657 feet. Direction: FEL
Sec: 27 Twp: 1N 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) 12/03/2010 13. Date TD: 12/06/2010 14. Date Casing Set or D&A: 12/07/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7994 TVD** 7931 17 Plug Back Total Depth MD 7953 TVD** 7890

18. Elevations GR 5044 KB 5059

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, CD, CN, ML, DI-GL-GR

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

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

PERMITTED TO THE JSND HOWEVER DURING COMPLETION THEY STOPPED AT THE CODELL AND THE LOG DOES NOT GO TO THE JSND.

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 ?	
Attachment Checklist			
	317B Notification	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400142989	Access Road Map	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	CDP Conditions	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Const Layout Drawings	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400142988	Hydrology Map	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400142987	Location Drawing	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400142986	Location Pictures	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400142993	Multi-well Plan	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400142992	NRCS Map Unit Desc	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Proposed BMPs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Reference Area Map	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Reference Area Pictures	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Section 404 Permit	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Sensitive Area Data	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Sensitive Area Map	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400142985	FORM 2A SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400142990	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400142991	TOPO MAP	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400142994	30 DAY NOTICE LETTER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400145921	EXCEPTION LOC WAIVERS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400145922	EXCEPTION LOC REQUEST	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)