

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:  
400148829

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 05-123-31601-00 6. County: WELD  
7. Well Name: DRY CREEK Well Number: 5-27  
8. Location: QtrQtr: NWNW Section: 27 Township: 1N Range: 67W Meridian: 6  
Footage at surface: Distance: 1169 feet Direction: FNL Distance: 1197 feet Direction: FWL  
As Drilled Latitude: 40.026134 As Drilled Longitude: -104.881843

GPS Data:

Data of Measurement: 11/10/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: RENEE DOIRON

\*\* If directional footage at Top of Prod. Zone Dist.: 1944 feet. Direction: FNL Dist.: 645 feet. Direction: FWL  
Sec: 27 Twp: 1N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 1995 feet. Direction: FNL Dist.: 649 feet. Direction: FWL  
Sec: 27 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) 10/29/2010 13. Date TD: 10/31/2010 14. Date Casing Set or D&A: 11/01/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8253 TVD\*\* 8125 17 Plug Back Total Depth MD 8215 TVD\*\* 8017

18. Elevations GR 5007 KB 5022

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-CNL, PE-I, PE-TC, PE-C, PE-ML

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	1,190	750	0	1,190	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,253	995	375	8,253	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	
PARKMAN	4,478		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,941		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,449		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,836		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,859		<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**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)