

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:

400149357

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 05-123-31019-00 6. County: WELD
7. Well Name: DRY CREEK Well Number: 11-35
8. Location: QtrQtr: NWSW Section: 35 Township: 1N Range: 67W Meridian: 6
Footage at surface: Distance: 2011 feet Direction: FSL Distance: 532 feet Direction: FWL
As Drilled Latitude: 40.005905 As Drilled Longitude: -104.865260

GPS Data:

Data of Measurement: 01/19/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 1991 feet. Direction: FSL Dist.: 1966 feet. Direction: FWL
Sec: 35 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1969 feet. Direction: FSL Dist.: 1998 feet. Direction: FWL
Sec: 35 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) 12/21/2010 13. Date TD: 12/24/2010 14. Date Casing Set or D&A: 12/25/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8509 TVD** 8298 17 Plug Back Total Depth MD 8465 TVD** 825418. Elevations GR 5029 KB 5044

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-TC-CLCV; 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	1,184	740	0	1,184	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,498	970	3,800	8,498	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	4,566		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,013	5,242	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,546		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,927		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,950		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,390		<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>					
400149376	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400149378	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)