

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:

400149434

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 05-123-31010-00 6. County: WELD  
7. Well Name: DRY CREEK Well Number: 23-35  
8. Location: QtrQtr: NWSW Section: 35 Township: 1N Range: 67W Meridian: 6  
Footage at surface: Distance: 2011 feet Direction: FSL Distance: 516 feet Direction: FWL  
As Drilled Latitude: 40.005905 As Drilled Longitude: -104.865319

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.: 1345 feet. Direction: FSL Dist.: 2552 feet. Direction: FWL  
Sec: 35 Twp: 1N Rng: 67W  
\*\* If directional footage at Bottom Hole Dist.: 1348 feet. Direction: FSL Dist.: 2555 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) 12/25/2010 13. Date TD: 12/28/2010 14. Date Casing Set or D&A: 12/29/2010

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8750 TVD\*\* 8299 17 Plug Back Total Depth MD 8710 TVD\*\* 8259

18. 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-CV-ML-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	1,193	750	0	1,193	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,739	1,080	2,870	8,739	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	4,733	4,950	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,105	5,405	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,752		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,172		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,195		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,635		<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 ?
<b>Attachment Checklist</b>		
	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"/>
400149449	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)