


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>			Document Number:  <div style="text-align: center; font-weight: bold;">400117743</div>				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>47120</u>		4. Contact Name: <u>Cindy Vue</u>					
2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u>		Phone: <u>(720) 929-6832</u>					
3. Address: <u>P O BOX 173779</u>		Fax: <u>(720) 929-7832</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80217-37</u>					
5. API Number <u>05-123-31354-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>KERR-MCGEE</u>		Well Number: <u>11-3</u>					
8. Location:    QtrQtr: <u>NWSW</u> Section: <u>3</u> Township: <u>1N</u> Range: <u>68W</u> Meridian: <u>6</u>							
Footage at surface:    Distance: <u>1713</u> feet    Direction: <u>FSL</u> Distance: <u>1111</u> feet    Direction: <u>FWL</u>							
As Drilled Latitude: <u>40.077737</u> As Drilled Longitude: <u>-104.994978</u>							
GPS Data:							
Data of Measurement: <u>10/14/2010</u> PDOP Reading: <u>1.9</u> GPS Instrument Operator's Name: <u>Renee Doiron</u>							
** If directional footage at Top of Prod. Zone		Dist.: <u>1963</u> feet. Direction: <u>FSL</u>	Dist.: <u>1962</u> feet. Direction: <u>FWL</u>				
Sec: <u>3</u>		Twp: <u>1N</u>	Rng: <u>68W</u>				
** If directional footage at Bottom Hole		Dist.: <u>1975</u> feet. Direction: <u>FSL</u>	Dist.: <u>1960</u> feet. Direction: <u>FWL</u>				
Sec: <u>3</u>		Twp: <u>1N</u>	Rng: <u>68W</u>				
9. Field Name: <u>WATTENBERG</u>		10. Field Number: <u>90750</u>					
11. Federal, Indian or State Lease Number:    _____							
12. Spud Date: (when the 1st bit hit the dirt) <u>07/07/2010</u> 13. Date TD: <u>07/10/2010</u> 14. Date Casing Set or D&A: <u>07/11/2010</u>							
15. Well Classification:							
<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth    MD <u>8437</u> TVD** <u>8374</u>		17 Plug Back Total Depth    MD <u>8323</u> TVD** <u>8260</u>					
18. Elevations    GR <u>5042</u> KB <u>5059</u>		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:							
_____							
20. Casing, Liner and Cement:							

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

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	967	690	0	967	CALC
1ST	7+7/8	4+1/2	11.6	0	8,385	639	4,188	8,385	CBL

ADDITIONAL CEMENT

Cement work date: 07/11/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	4,164	440	955	4,176

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	
SUSSEX	4,644		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,174		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,527		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,819		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,840		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,282		<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: 12/20/2010 Email: Cindy.Vue@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"/>
<u>Other Attachments</u>			
400117743	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
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Total: 1 comment(s)