

<b>FORM</b> <b>5</b> Rev 02/08	State of Colorado <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		DE ET OE ES
<b>DRILLING COMPLETION REPORT</b>			Document Number:  2555552
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>05-123-27141-00</u>		6. County: <u>WELD</u>	
7. Well Name: <u>RADMEACHER</u>		Well Number: <u>23-25</u>	
8. Location:    QtrQtr: <u>SWSE</u> Section: <u>25</u> Township: <u>3N</u> Range: <u>68W</u> Meridian: <u>6</u>			
Footage at surface:    Distance: <u>1314</u> feet    Direction: <u>FSL</u> Distance: <u>1545</u> feet    Direction: <u>FEL</u>			
As Drilled Latitude:    _____    As Drilled Longitude:    _____			
GPS Data:			
Data of Measurement:    _____    PDOP Reading:    _____    GPS Instrument Operator's Name:    _____			
** If directional footage at Top of Prod. Zone    Dist.: <u>1320</u> feet. Direction: <u>FSL</u> Dist.: <u>2552</u> feet. Direction: <u>FWL</u>			
Sec: <u>25</u> Twp: <u>3N</u> Rng: <u>68W</u>			
** If directional footage at Bottom Hole    Dist.: <u>1318</u> feet. Direction: <u>FSL</u> Dist.: <u>2554</u> feet. Direction: <u>FWL</u>			
Sec: <u>25</u> Twp: <u>3N</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>08/06/2008</u> 13. Date TD: <u>08/10/2008</u> 14. Date Casing Set or D&A: <u>08/11/2008</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>7615</u> TVD** <u>7418</u>		17 Plug Back Total Depth    MD <u>7581</u> TVD** <u>7384</u>	
18. Elevations    GR <u>4870</u> KB <u>4890</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:			
<u>CBL, P/E AILC-CNLD-ML</u>			
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		0	909	430	0	909	CALC
1ST	7+7/8	4+1/2		0	7,603	630	2,820	7,603	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	3,780	4,000	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,243	4,420	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,800	4,830	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,138		<input type="checkbox"/>	<input type="checkbox"/>	NB-A: 7138; NB-B: 7198; NB-C:7256
FORT HAYS	7,376		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,398	7,419	<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: 5/28/2010 Email: CINDY.VUE@ANADARKO.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2555553	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2555554	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"/>
<u>Other Attachments</u>			
2555552	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>
Permit	logs 1291379-84	3/24/2011 9:01:48 AM
Permit	CBL REC 10/19, SENT TO SCANNING	11/17/2010 10:04:51 AM
Permit	ENGINEER - THIS IS A DUPLICATE OF DOC#2069019 SUBMITTED 12/9/09. PLEASE DELETE FORM 5, DOC 2069019, AND LEAVE THE FORM 5 IN EFORMS. REQUESTED HARD COPY OF ALL LOGS RUN.	10/12/2010 9:03:18 AM

Total: 3 comment(s)