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|---|---|--|---|
| <b>FORM</b><br><b>5</b><br>Rev<br>02/08   | State of Colorado<br><b>Oil and Gas Conservation Commission</b><br>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109 |                           | DE<br>ET<br>OE<br>ES                          |
| <b>DRILLING COMPLETION REPORT</b>   |   |  | Document Number:<br><br>400108564             |
| 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 type="checkbox"/> Final completion <input checked="" 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>05-123-31403-00</u>  |   | 6. County: <u>WELD</u>   |   |
| 7. Well Name: <u>FRICO</u>  |   | Well Number: <u>9-10A</u>  |   |
| 8. Location: QtrQtr: <u>NESW</u> Section: <u>11</u> Township: <u>3N</u> Range: <u>65W</u> Meridian: <u>6</u>  |   |  |   |
| Footage at surface: Distance: <u>2343</u> feet Direction: <u>FSL</u>  |   | Distance: <u>1676</u> feet Direction: <u>FWL</u>   |   |
| As Drilled Latitude: <u>40.238997</u>   |   | As Drilled Longitude: <u>-104.633948</u>   |   |
| GPS Data:<br>Data of Measurement: <u>11/09/2010</u> PDOP Reading: <u>3.1</u> GPS Instrument Operator's Name: <u>Renee Doiron</u>  |   |  |   |
| ** If directional footage at Top of Prod. Zone  |   | Dist.: <u>2120</u> feet. Direction: <u>FSL</u>   | Dist.: <u>508</u> feet. Direction: <u>FEL</u> |
| Sec: <u>10</u>  |   | Twp: <u>3N</u>   | Rng: <u>65W</u>                               |
| ** If directional footage at Bottom Hole  |   | Dist.: <u>2110</u> feet. Direction: <u>FSL</u>   | Dist.: <u>522</u> feet. Direction: <u>FEL</u> |
| Sec: <u>10</u>  |   | Twp: <u>3N</u>   | Rng: <u>65W</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>09/29/2010</u>  |   | 13. Date TD: <u>10/02/2010</u>   |   |
| 14. Date Casing Set or D&A: <u>10/03/2010</u>   |   |  |   |
| 15. Well Classification:<br><input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" 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>8188</u> TVD** <u>7735</u>  |   | 17 Plug Back Total Depth MD <u>8137</u> TVD** <u>7684</u>  |   |
| 18. Elevations GR <u>4779</u> KB <u>4794</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:<br>_____<br>_____   |   |  |   |
| 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             | 835           | 530       | 0       | 835     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6# | 0             | 8,174         | 1,125     | 60      | 8,174   | 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                    |   |
| SUSSEX         | 4,457          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 7,249          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS      | 7,504          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL         | 7,525          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| J SAND         | 7,978          |        | <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: 11/15/2010 Email: Cindy.Vue@anadarko.com

**Attachment Check List**

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> |                       |   |  |
| 400108566                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400108565                   | 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>    |                       |   |  |
| 400108564                   | FORM 5 SUBMITTED      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

General Comments

| User Group | Comment         | Comment Date             |
|------------|-----------------|--------------------------|
| Permit     | Req digital CBL | 1/14/2011<br>12:22:49 PM |

Total: 1 comment(s)

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