

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



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Document Number:

2511778

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: KENNY TRUEAX
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 9296383
 3. Address: P O BOX 173779 Fax: (720) 9297383
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-30987-00 6. County: WELD
 7. Well Name: NORTHGLENN STATE Well Number: 3-36
 8. Location: QtrQtr: NWNE Section: 36 Township: 1N Range: 68W Meridian: 6
 Footage at surface: Distance: 1153 feet Direction: FNL Distance: 1473 feet Direction: FEL
 As Drilled Latitude: 40.011736 As Drilled Longitude: -104.947832

GPS Data:

Data of Measurement: 06/25/2010 PDOP Reading: 2.1 GPS Instrument Operator's Name: RENEE DOIRON

** If directional footage at Top of Prod. Zone Dist.: 652 feet. Direction: FNL Dist.: 1981 feet. Direction: FWL
 Sec: 36 Twp: 1N Rng: 68W

** If directional footage at Bottom Hole Dist.: 642 feet. Direction: FNL Dist.: 1985 feet. Direction: FWL
 Sec: 36 Twp: 1N Rng: 38W

9. Field Name: WATTENBERG 10. Field Number: 90750
 11. Federal, Indian or State Lease Number: 70/8571-S

12. Spud Date: (when the 1st bit hit the dirt) 06/03/2010 13. Date TD: 06/07/2010 14. Date Casing Set or D&A: 06/08/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8825 TVD** 8475 17 Plug Back Total Depth MD 8790 TVD** 8440

18. Elevations GR 5103 KB 5118

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:

CR-CCL-CBL, UNABLE TO RUN OH LOGS(HIT BRIDGE).

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	1,041	650	0	1,041	CALC
1ST	7+7/8	4+1/2		0	8,811	1,100	2,530	8,811	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	4,487		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,036		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,643		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,790		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,217		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,240		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,670		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

UNABLE TO RUN OH LOGS; HIT A BRIDGE AND COULD NOT BREAK THROUGH.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: KENNY TRUEAX

Title: REGULATORY ANALYSTII Date: 8/12/2010 Email: KENNY.TRUEAX@ANADARKO.C OM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2511779	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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>			
2511778	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	rec digital & hard copy CBL 1907209	12/16/2010 3:50:21 PM
Permit	req digital and hard copy CBL	12/7/2010 8:37:23 AM

Total: 2 comment(s)