

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

Document Number:  
400166989

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  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP  
3. Address: P O BOX 173779  
City: DENVER State: CO Zip: 80217-  
4. Contact Name: CARA MAHLER  
Phone: (720) 929-6029  
Fax: (720) 929-7029

5. API Number 05-123-32129-00  
6. County: WELD  
7. Well Name: PEAKS Well Number: 36-2  
8. Location: QtrQtr: SESW Section: 2 Township: 1N Range: 68W Meridian: 6  
Footage at surface: Distance: 1272 feet Direction: FSL Distance: 1647 feet Direction: FWL  
As Drilled Latitude: 40.076566 As Drilled Longitude: -104.974092

GPS Data:  
Data of Measurement: 03/07/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: RENEE DOIRON

\*\* If directional footage  
at Top of Prod. Zone Distance: 68 feet Direction: FSL Distance: 2552 feet Direction: FWL  
Sec: 2 Twp: 1N Rng: 68W  
at Bottom Hole Distance: 72 feet Direction: FSL Distance: 2561 feet Direction: FWL  
Sec: 2 Twp: 1N Rng: 68W

9. Field Name: WATTENBERG 10. Field Number: 90750  
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/29/2011 13. Date TD: 02/01/2011 14. Date Casing Set or D&A: 02/02/2011

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

16. Total Depth MD 8566 TVD 8349 17 Plug Back Total Depth MD 8525 TVD 8308

18. Elevations GR 5031 KB 5046  
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:  
CBL. NO OPEN HOLE LOGS.

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	929	580	0	929	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,555	1,092	2,840	8,555	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	4,688		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,290		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,682		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,003		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,433		<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: CARA MAHLER

Title: REGULATORY ANALYST Date: \_\_\_\_\_ Email: CARA.MAHLER@ANADARKO.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

### Attachment Check List

Att Doc Num	Name
400167136	DIRECTIONAL SURVEY
400167137	CEMENT JOB SUMMARY

Total Attach: 2 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)