


<div>FORM 5</div> <div>Rev 02/08</div>	State of Colorado			DE	ET	OE	ES
	Oil and Gas Conservation Commission			Document Number: 400123417			
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109							
DRILLING COMPLETION REPORT							
<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.</div>							
Completion Type <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion							
<div><div>1. OGCC Operator Number: 47120</div><div>2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP</div><div>3. Address: P O BOX 173779</div><div>City: DENVER State: CO Zip: 80217-37</div></div> <div><div>4. Contact Name: Cindy Vue</div><div>Phone: (720) 929-6832</div><div>Fax: (720) 929-7832</div></div>							
<div><div>5. API Number 05-123-31672-00</div><div>6. County: WELD</div><div>7. Well Name: JESSER</div><div>Well Number: 21-2</div><div>8. Location: QtrQtr: NWNW Section: 2 Township: 1N Range: 66W Meridian: 6</div><div>Footage at surface: Distance: 1178 feet Direction: FNL Distance: 1222 feet Direction: FWL</div><div>As Drilled Latitude: As Drilled Longitude:</div><div>GPS Data:</div><div>Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:</div><div>** If directional footage at Top of Prod. Zone Dist.: 1222 feet. Direction: FNL Dist.: 2557 feet. Direction: FWL</div><div>Sec: 2 Twp: 1N Rng: 66W</div><div>** If directional footage at Bottom Hole Dist.: 1206 feet. Direction: FNL Dist.: 2561 feet. Direction: FWL</div><div>Sec: 2 Twp: 1N Rng: 66W</div><div>9. Field Name: WATTENBERG</div><div>10. Field Number: 90750</div><div>11. Federal, Indian or State Lease Number:</div></div>							
<div>12. Spud Date: (when the 1st bit hit the dirt) 11/23/2010 13. Date TD: 11/26/2010 14. Date Casing Set or D&A: 11/27/2010</div>							
<div>15. Well Classification:</div> <div><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</div>							
<div>16. Total Depth MD 8360 TVD** 8204 17 Plug Back Total Depth MD 8304 TVD** 8148</div>							
<div>18. Elevations GR 5144 KB 5159</div> <div>One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.</div>							
<div>19. List Electric Logs Run:</div> <div>PRELIMINARY FORM 5</div>							
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	1,131	710	0	1,131	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,349	1,075	2,710	8,349	CALC

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	4,833		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,483		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,720		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,742		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,203		<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: 1/13/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400123433	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400123432	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>					
400123417	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)