


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 400127709	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: 47120		4. Contact Name: Cindy Vue					
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP		Phone: (720) 929-6832					
3. Address: P O BOX 173779		Fax: (720) 929-7832					
City: DENVER State: CO Zip: 80217-37							
5. API Number 05-123-31541-00		6. County: WELD					
7. Well Name: COTTONWOOD		Well Number: 33-33					
8. Location: QtrQtr: NWSW Section: 33 Township: 2N Range: 66W Meridian: 6							
Footage at surface: Distance: 1780 feet Direction: FSL		Distance: 861 feet Direction: FWL					
As Drilled Latitude: 40.092253		As Drilled Longitude: -104.788545					
GPS Data:							
Data of Measurement: 01/17/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: Renee Doiron							
** If directional footage at Top of Prod. Zone		Dist.: 1321 feet. Direction: FSL Dist.: 52 feet. Direction: FWL					
Sec: 33 Twp: 2N Rng: 66W							
** If directional footage at Bottom Hole		Dist.: 1319 feet. Direction: FSL Dist.: 52 feet. Direction: FWL					
Sec: 33 Twp: 2N Rng: 66W							
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) 01/09/2011 13. Date TD: 01/13/2011 14. Date Casing Set or D&A: 01/14/2011							
15. Well Classification:							
<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 7767 TVD** 7653		17 Plug Back Total Depth MD 7730 TVD** 7616					
18. Elevations GR 4949 KB 4963		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:							
PRELIMINARY FORM 5							
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	993	630	0	993	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,758	1,128	600	7,758	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	4,665		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,265		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,563		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,586		<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: 1/26/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400127713	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400127712	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>					
400127709	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)