


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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:  400130923	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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    05-123-31607-00		6. County:    WELD					
7. Well Name:    DRY CREEK		Well Number:    31-27					
8. Location:    QtrQtr:    NWNW    Section:    27    Township:    1N    Range:    67W    Meridian:    6							
Footage at surface:    Distance:    1169    feet    Direction:    FNL		Distance:    1181    feet    Direction:    FWL					
As Drilled Latitude:    40.026136		As Drilled Longitude:    -104.881903					
GPS Data:							
Data of Measurement:    11/09/2010    PDOP Reading:    2.4    GPS Instrument Operator's Name:    Renee Doiron							
** If directional footage at Top of Prod. Zone    Dist.:    1317    feet. Direction:    FNL    Dist.:    70    feet. Direction:    FWL							
Sec:    27    Twp:    1N    Rng:    67W							
** If directional footage at Bottom Hole    Dist.:    1313    feet. Direction:    FNL    Dist.:    79    feet. Direction:    FWL							
Sec:    27    Twp:    1N    Rng:    67W							
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)    11/01/2010    13. Date TD:    11/04/2010    14. Date Casing Set or D&A:    11/04/2010							
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    8022    TVD**    7881		17 Plug Back Total Depth    MD    7989    TVD**    7848					
18. Elevations    GR    5007    KB    5022		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:

### 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	1,191	750	0	1,191	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,021	945	736	8,021	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	4,508		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,898		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,474		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,852		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,874		<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: 2/7/2011 Email: Cindy.Vue@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400130925	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400130926	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>					
400130923	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)