

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:
400153696

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: 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 05-123-31638-00 6. County: WELD
7. Well Name: ELLIOT Well Number: 21-17
8. Location: QtrQtr: SWNW Section: 17 Township: 3N Range: 67W Meridian: 6
Footage at surface: Distance: 1895 feet Direction: FNL Distance: 756 feet Direction: FWL
As Drilled Latitude: 40.227953 As Drilled Longitude: -104.920564

GPS Data:

Data of Measurement: 03/09/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 1271 feet. Direction: FNL Dist.: 2502 feet. Direction: FWL
Sec: 17 Twp: 3N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1261 feet. Direction: FNL Dist.: 2504 feet. Direction: FWL
Sec: 17 Twp: 3N 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) 02/22/2011 13. Date TD: 02/24/2011 14. Date Casing Set or D&A: 02/26/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8025 TVD** 7728 17 Plug Back Total Depth MD 7987 TVD** 7690

18. Elevations GR 4813 KB 4828

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:

CD-CN-ML, HRI; CBL

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	639	440	0	639	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,016	1,045	0	8,016	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	3,719	3,920	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,197	4,440	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,737	4,850	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,140		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,389		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,410		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,840		<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: 4/14/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400153710	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400153708	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>			
400153696	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>
Permit	REQ DIGITAL CBL	6/8/2011 3:17:45 PM

Total: 1 comment(s)