

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:

400154974

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 05-123-31766-00 6. County: WELD
7. Well Name: WINTER Well Number: 24-19
8. Location: QtrQtr: SESE Section: 19 Township: 6N Range: 64W Meridian: 6
Footage at surface: Distance: 741 feet Direction: FSL Distance: 914 feet Direction: FEL
As Drilled Latitude: 40.466242 As Drilled Longitude: -104.587002

GPS Data:

Data of Measurement: 03/07/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 2552 feet. Direction: FSL Dist.: 1210 feet. Direction: FEL
Sec: 19 Twp: 6N Rng: 64W

** If directional footage at Bottom Hole Dist.: 2561 feet. Direction: FSL Dist.: 1214 feet. Direction: FEL
Sec: 19 Twp: 6N Rng: 64W

9. Field Name: GREELEY 10. Field Number: 32760

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 02/07/2011 13. Date TD: 02/09/2011 14. Date Casing Set or D&A: 02/10/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7452 TVD** 7110 17 Plug Back Total Depth MD 7411 TVD** 7069

18. Elevations GR 4705 KB 4721

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:

P/E AILC-CNLD-ML-CV; 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	679	430	0	679	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,442	935	810	7,442	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	
GREELEY SAND	2,544	3,014	<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,845	4,200	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,390	4,820	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,967		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,270		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,297		<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: 4/19/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400154998	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400154999	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>			
400154974	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)