

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



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Document Number:
400139129

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: CARA MAHLER
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
 3. Address: P O BOX 173779 Fax: (720) 929-7029
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-32634-00 6. County: WELD
 7. Well Name: DENVER Well Number: 15-18
 8. Location: QtrQtr: SESE Section: 18 Township: 1N Range: 66W Meridian: 6
 Footage at surface: Distance: 1177 feet Direction: FSL Distance: 826 feet Direction: FEL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: 652 feet. Direction: FSL Dist.: 1974 feet. Direction: FEL
 Sec: 18 Twp: 1N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 669 feet. Direction: FSL Dist.: 1974 feet. Direction: FEL
 Sec: 18 Twp: 1N 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) 02/07/2011 13. Date TD: 02/11/2011 14. Date Casing Set or D&A: 02/12/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8222 TVD** 8049 17 Plug Back Total Depth MD 5786 TVD** 5613

18. Elevations GR 4935 KB 4949 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	988	650	0	988	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,212	50	6,789	8,212	CALC

ADDITIONAL CEMENT

Cement work date: 02/12/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,789	957	788	5,789

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	4,298		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,690		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,289		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,640		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,663		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,115		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

GPS DATA NOT AVAILABLE. WILL BE ON FINAL FORM 5.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: CARA MAHLER

Title: REGULATORY ANALYST Date: 3/3/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400139137	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400139138	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>			
400139129	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	CBL doesn't extend to surface, can't verify cement coverage. This is a Preliminary Form 5, approved without CBL to surface, 7/7/11.	6/16/2011 9:21:12 AM

Total: 1 comment(s)