


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: 400167545	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 checked="" type="checkbox"/> Final completion <input 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 05-123-31751-00		6. County: WELD					
7. Well Name: SATER		Well Number: 8-8					
8. Location: QtrQtr: SWNE Section: 8 Township: 2N Range: 67W Meridian: 6							
Footage at surface: Distance: 2466 feet Direction: FNL Distance: 2474 feet Direction: FEL							
As Drilled Latitude: 40.153502	As Drilled Longitude: -104.913428						
GPS Data:							
Data of Measurement: 03/30/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: Renee Doiron							
** If directional footage at Top of Prod. Zone Dist.: 1999 feet. Direction: FNL Dist.: 663 feet. Direction: FEL							
Sec: 8 Twp: 2N Rng: 67W							
** If directional footage at Bottom Hole Dist.: 2000 feet. Direction: FNL Dist.: 690 feet. Direction: FEL							
Sec: 8 Twp: 2N Rng: 67W							
9. Field Name: SPINDLE		10. Field Number: 77900					
11. Federal, Indian or State Lease Number:							
12. Spud Date: (when the 1st bit hit the dirt) 01/26/2011 13. Date TD: 01/30/2011 14. Date Casing Set or D&A: 01/31/2011							
15. Well Classification:							
<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input 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 8425 TVD** 8028		17 Plug Back Total Depth MD 8379 TVD** 7982					
18. Elevations GR 4909 KB 4924		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:							

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	972	610	0	972	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,411	1,075	1,500	8,411	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	4,190		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,674		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,242		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,530		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,820		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,246		<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: 5/23/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400167550	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400167549	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>					
400167545	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>

Total: 0 comment(s)