


<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:  2556243	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 checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>47120</u>		4. Contact Name: <u>CINDY VUE</u>					
2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u>		Phone:    _____					
3. Address: <u>P O BOX 173779</u>		Fax:    _____					
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u>							
5. API Number <u>05-123-19103-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>HSR-NIES</u>		Well Number: <u>10-15</u>					
8. Location:    QtrQtr: <u>NWSE</u> Section: <u>15</u> Township: <u>5N</u> Range: <u>67W</u> Meridian: <u>6</u>							
Footage at surface:    Distance: <u>1972</u> feet    Direction: <u>FSL</u>		Distance: <u>1935</u> feet    Direction: <u>FEL</u>					
As Drilled Latitude: <u>40.397827</u>		As Drilled Longitude: <u>-104.876722</u>					
GPS Data:							
Data of Measurement: <u>11/02/2006</u>		PDOP Reading: <u>4.0</u> GPS Instrument Operator's Name: <u>CHRIS FISHER</u>					
** If directional footage at Top of Prod. Zone		Dist.:    _____    feet. Direction:    _____    Dist.:    _____    feet. Direction:    _____					
Sec:    _____    Twp:    _____    Rng:    _____							
** If directional footage at Bottom Hole		Dist.:    _____    feet. Direction:    _____    Dist.:    _____    feet. Direction:    _____					
Sec:    _____    Twp:    _____    Rng:    _____							
9. Field Name: <u>WATTENBERG</u>		10. Field Number: <u>90750</u>					
11. Federal, Indian or State Lease Number: <u>60286</u>							
12. Spud Date: (when the 1st bit hit the dirt) <u>04/01/1996</u> 13. Date TD: <u>04/05/1996</u> 14. Date Casing Set or D&A: <u>04/05/1996</u>							
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 <u>7377</u> TVD**    _____		17 Plug Back Total Depth    MD <u>7342</u> TVD**    _____					
18. Elevations    GR <u>4995</u> KB <u>5005</u>		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:							
_____							
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		0	578	360	0	578	CALC
1ST	7+7/8	4+1/2		0	7,367	150	6,352	7,367	CBL

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	3,040	360	2,950	7,170

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	
NIOBRARA	6,917		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,225		<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: REG ANALYST II Date: 6/25/2010 Email: CINDY.VUE@ANADARKO.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1726489	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
2556243	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2556245	OPERATIONS SUMMARY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Engineer	Emailed Cindy requesting cement tickets for surface casing, 7/12/11.	7/12/2011 9:51:29 AM
Engineer	No CBL as of 4/21/11., None yet as of 7/11/11.....	4/21/2011 1:50:04 PM

Total: 2 comment(s)