

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
DRILLING COMPLETION REPORT			Document Number: 2556243
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 & 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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

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