

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:
400187046

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

5. API Number 05-123-32046-00
6. County: WELD
7. Well Name: BADDING Well Number: 22-35
8. Location: QtrQtr: SESW Section: 35 Township: 2N Range: 66W Meridian: 6
Footage at surface: Distance: 1017 feet Direction: FSL Distance: 1597 feet Direction: FWL
As Drilled Latitude: 40.090117 As Drilled Longitude: -104.748033

GPS Data:
Data of Measurement: 06/09/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: RENEE DOIRON

** If directional footage
at Top of Prod. Zone Distance: 2613 feet Direction: FSL Distance: 1309 feet Direction: FWL
Sec: 35 Twp: 2N Rng: 66W
at Bottom Hole Distance: 2599 feet Direction: FSL Distance: 304 feet Direction: FWL
Sec: 35 Twp: 2N 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) 04/30/2011 13. Date TD: 05/03/2011 14. Date Casing Set or D&A: 05/04/2011

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

16. Total Depth MD 8417 TVD 8154 17 Plug Back Total Depth MD 8370 TVD 8107

18. Elevations GR 5108 KB 5123
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:

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 | 1,171 | 740 | 0 | 1,171 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6# | 0 | 8,407 | 255 | 6,650 | 8,407 | CBL |

ADDITIONAL CEMENT

Cement work date: 05/03/2011

| | | | | | |
|------------------|--------|-----------------------------------|---------------|------------|---------------|
| Details of work: | | | | | |
| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
| DV TOOL | 1ST | 5,304 | 610 | 895 | 5,304 |

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 | |
| SUSSEX | 4,898 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,522 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,780 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,803 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 8,260 | | <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: CARA MAHLER

Title: REGULATORY ANALYST Date: _____ Email: CARA.MAHLER@ANADARKO.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|--------------------|
| 400187052 | DIRECTIONAL SURVEY |
| 400187054 | CEMENT JOB SUMMARY |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)