

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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|----|----|----|----|
| DE | ET | OE | ES |
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Document Number:

400190932

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: 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-

5. API Number 05-123-32416-00

6. County: WELD

7. Well Name: THOMASON

Well Number: 16-9

8. Location: QtrQtr: SESE Section: 9 Township: 2N Range: 65W Meridian: 6

Footage at surface: Distance: 254 feet Direction: FSL Distance: 192 feet Direction: FEL

As Drilled Latitude: 40.146689 As Drilled Longitude: -104.660343

GPS Data:

Data of Measurement: 05/23/2011 PDOP Reading: 2.6 GPS Instrument Operator's Name: Renee Doiron

** If directional footage

at Top of Prod. Zone Distance: 696 feet Direction: FSL Distance: 658 feet Direction: FEL

Sec: 9 Twp: 2N Rng: 65W

at Bottom Hole Distance: 678 feet Direction: FSL Distance: 659 feet Direction: FEL

Sec: 9 Twp: 2N Rng: 65W

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) 04/20/2011 13. Date TD: 04/23/2011 14. Date Casing Set or D&A: 04/23/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7410 TVD 7352 17 Plug Back Total Depth MD 7383 TVD 7325

18. Elevations GR 4867 KB 4881

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:

SD-DSN-AC-TRL; CBL

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 | 768 | 480 | 0 | 768 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6# | 0 | 7,404 | 947 | 502 | 7,404 | 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 | 3,925 | 4,165 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,298 | 4,490 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,575 | 4,725 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,998 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,203 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,226 | | <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: _____ Email: Cindy.Vue@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 |
|-------------|--------------------|
| 400190933 | DIRECTIONAL SURVEY |
| 400190934 | CEMENT JOB SUMMARY |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)