

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:  
400191349

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 05-123-32316-00  
6. County: WELD  
7. Well Name: REI Well Number: 31-5HZ  
8. Location: QtrQtr: SESE Section: 5 Township: 3N Range: 65W Meridian: 6  
Footage at surface: Distance: 511 feet Direction: FSL Distance: 748 feet Direction: FEL  
As Drilled Latitude: 40.248535 As Drilled Longitude: -104.680411

GPS Data:  
Data of Measurement: 05/16/2011 PDOP Reading: 2.6 GPS Instrument Operator's Name: RENEE DOIRON

\*\* If directional footage  
at Top of Prod. Zone Distance: 767 feet Direction: FSL Distance: 1142 feet Direction: FEL  
Sec: 5 Twp: 3N Rng: 65W  
at Bottom Hole Distance: 1338 feet Direction: FNL Distance: 492 feet Direction: FWL  
Sec: 5 Twp: 3N 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) 12/15/2010 13. Date TD: 12/30/2010 14. Date Casing Set or D&A: 01/05/2011

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

16. Total Depth MD 12330 TVD 7077 17 Plug Back Total Depth MD 12303 TVD 7074

18. Elevations GR 4891 KB 4908  
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:  
CBL, MD LOG, WS-APL, WS-SPL, CS-NG, HORIZONTAL, ERMIF

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	9+5/8	40	0	619	410	0	619	CALC
1ST	8+3/4	7+0/0	26	0	7,443	745	5,260	7,443	CBL
1ST LINER	6+1/8	4+1/2	11.6	6254	12,316				CALC

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	
NIOBRARA	7,606		<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 I 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
400191403	DIRECTIONAL SURVEY
400191404	CEMENT JOB SUMMARY
400191439	LAS-GAMMA RAY
400191440	LAS-SONIC
400191443	LAS-PULSED NEUTRON
400191463	LAS-SONIC
400191464	LAS-MUD
400191465	LAS-FORMATION MICRO SCAN
400191466	LAS-DIRECTIONAL SURVEY
400191468	LAS-CBL 1ST RUN

Total Attach: 10 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)