

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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Document Number:  
400174499

## 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 05-123-32631-00 6. County: WELD  
 7. Well Name: PINNACLE Well Number: 16-2  
 8. Location: QtrQtr: SWSE Section: 2 Township: 1N Range: 68W Meridian: 6  
 Footage at surface: Distance: 386 feet Direction: FSL Distance: 1958 feet Direction: FEL  
 As Drilled Latitude: 40.074169 As Drilled Longitude: -104.968141

GPS Data:  
Date of Measurement: 05/23/2011 PDOP Reading: 3.0 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 678 feet. Direction: FSL Dist.: 509 feet. Direction: FEL  
 Sec: 2 Twp: 1N Rng: 68W  
 \*\* If directional footage at Bottom Hole Dist.: 680 feet. Direction: FSL Dist.: 494 feet. Direction: FEL  
 Sec: 2 Twp: 1N Rng: 68W

9. Field Name: SPINDLE 10. Field Number: 77900  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 02/26/2011 13. Date TD: 03/01/2011 14. Date Casing Set or D&A: 03/02/2011

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

16. Total Depth MD 8500 TVD\*\* 8336 17 Plug Back Total Depth MD 8459 TVD\*\* 8295

18. Elevations GR 5005 KB 5020  
 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:  
P/E AILC-CNLD-ML-CV-TC; 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

### ADDITIONAL CEMENT

Cement work date: 03/02/2011

Details of work:					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	4,020	440	660	4,020

21. Formation log intervals and test zones:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	4,238	4,450	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,758	4,890	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,248	5,320	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,590		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,901		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,922		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,357		<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: 6/13/2011 Email: CINDY.VUE@ANADARKO.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total: 0 comment(s)