

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:

400180723

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 05-123-32099-00 6. County: WELD
 7. Well Name: BADDING Well Number: 24-35
 8. Location: QtrQtr: SWSE Section: 35 Township: 2N Range: 66W Meridian: 6
 Footage at surface: Distance: 938 feet Direction: FSL Distance: 1602 feet Direction: FEL
 As Drilled Latitude: 40.089936 As Drilled Longitude: -104.740578

GPS Data:

Date of Measurement: 04/19/2011 PDOP Reading: 1.8 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 2625 feet. Direction: FSL Dist.: 1340 feet. Direction: FEL

Sec: 35 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 2630 feet. Direction: FSL Dist.: 1368 feet. Direction: FEL

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) 03/22/2011 13. Date TD: 03/25/2011 14. Date Casing Set or D&A: 03/26/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8453 TVD** 8152 17 Plug Back Total Depth MD 8400 TVD** 8099

18. Elevations GR 5085 KB 5100

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:

CD-CN-ML, HRI; 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	1,151	720	0	1,151	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,444	251	6,748	8,444	CBL

ADDITIONAL CEMENT

Cement work date: 05/05/2011

Details of work:

3/26/2011 -Set DV Tool @ 5340, attempted to open up DV Tool 5 times with pressures from 2500 to 5000 psi. All attempts failed. Rig down.
 5/05/2011 -HAL Squeeze 450 sx cmt.
 5/09/2011 -JW WL logged w/ good cement up to the TOC @ 1556'.

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,340	0	5,340	5,340
SQUEEZE	1ST	5,370	450	1,556	5,380

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	
TEEPER BUTTES	4,504		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,880	5,186	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,607		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,802		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,826		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,266		<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: 6/30/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400180759	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400180758	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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"/>
<u>Other Attachments</u>			
400180723	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)