

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: 400201105

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 [X] Preliminary completion

1. OGCC Operator Number: 47120 4. Contact Name: Emily Carrender
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6282
3. Address: P O BOX 173779 Fax: (720) 929-7282
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-32995-00 6. County: WELD
7. Well Name: NICHOLS Well Number: 25-8
8. Location: QtrQtr: NENW Section: 8 Township: 2N Range: 65W Meridian: 6
Footage at surface: Distance: 729 feet Direction: FNL Distance: 1978 feet Direction: FWL
As Drilled Latitude: 40.158520 As Drilled Longitude: -104.690050

GPS Data:
Data of Measurement: 07/15/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Renee Doiron

** If directional footage
at Top of Prod. Zone Distance: 2570 feet Direction: FNL Distance: 2698 feet Direction: FWL
Sec: 8 Twp: 2N Rng: 65W
at Bottom Hole Distance: 2562 feet Direction: FNL Distance: 2708 feet Direction: FWL
Sec: 8 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) 06/11/2011 13. Date TD: 06/14/2011 14. Date Casing Set or D&A: 06/15/2011

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

16. Total Depth MD 8260 TVD 7860 17 Plug Back Total Depth MD 8232 TVD 7832

18. Elevations GR 4894 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:
PRE FORM 5

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST.

ADDITIONAL CEMENT

Cement work date: 06/30/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,837	708	1,380	5,837

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	4,179		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,622		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,350		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,616		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,649		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,103		<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: Emily Carrender

Title: Operation Specialist I Date: _____ Email: emily.carrender@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
400201106	DIRECTIONAL SURVEY
400201107	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)