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Document Number:  
 400166950

**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: CARA MAHLER  
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029  
 3. Address: P O BOX 173779 Fax: (720) 929-7029  
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-32132-00 6. County: WELD  
 7. Well Name: PEAKS Well Number: 35-2  
 8. Location: QtrQtr: SESW Section: 2 Township: 1N Range: 68W Meridian: 6  
 Footage at surface: Distance: 1284 feet Direction: FSL Distance: 1620 feet Direction: FWL  
 As Drilled Latitude: 40.076600 As Drilled Longitude: -104.974187

GPS Data:  
 Date of Measurement: 03/07/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: RENEE DOIRON

\*\* If directional footage at Top of Prod. Zone Dist.: 71 feet. Direction: FSL Dist.: 1312 feet. Direction: FWL  
 Sec: 2 Twp: 1N Rng: 68W  
 \*\* If directional footage at Bottom Hole Dist.: 73 feet. Direction: FSL Dist.: 1314 feet. Direction: FWL  
 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) 02/09/2011 13. Date TD: 02/12/2011 14. Date Casing Set or D&A: 02/13/2011

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

16. Total Depth MD 8525 TVD\*\* 8333 17 Plug Back Total Depth MD 8482 TVD\*\* 8290

18. Elevations GR 5031 KB 5046  
 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, PE-AI-LC, PE-CN-LD, PE-CL, PE-TC, PE-CV

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	923	580	0	923	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,556	1,055	3,030	8,556	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:

<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	
SUSSEX	4,768		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,643		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,957		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,978		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,422		<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 Date: 5/24/2011 Email: CARA.MAHLER@ANADARKO.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400166955	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2537448	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"/>
<b><u>Other Attachments</u></b>			
400166950	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Rec'd/ dir. survey 6/30/11 and took to scanning. ATTACHED D.S. TO FORM 5 8/18/11 BJW	7/8/2011 1:58:10 PM
Permit	e-mailed Cara Mahler requesting directional survey.	6/30/2011 10:26:01 AM

Total: 2 comment(s)