

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:
400192247

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 05-123-32739-00 6. County: WELD
 7. Well Name: PINNACLE Well Number: 2-2HZ
 8. Location: QtrQtr: SWSE Section: 2 Township: 1N Range: 68W Meridian: 6
 Footage at surface: Distance: 306 feet Direction: FSL Distance: 2018 feet Direction: FEL
 As Drilled Latitude: 40.073954 As Drilled Longitude: -104.968353

GPS Data:
Data of Measurement: 05/23/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: RENEE DOIRON

** If directional footage at Top of Prod. Zone Dist.: 722 feet. Direction: FSL Dist.: 1956 feet. Direction: FEL
 Sec: 2 Twp: 1N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 468 feet. Direction: FNL Dist.: 2105 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) 04/07/2011 13. Date TD: 04/20/2011 14. Date Casing Set or D&A: 04/24/2011

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

16. Total Depth MD 12015 TVD** 7507 17 Plug Back Total Depth MD 11929 TVD** 7507

18. Elevations GR 5006 KB 5023 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:
MUD LOG, BHVP, ACTR, SDDSN, CPNGR,

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	36	0	923	440	0	923	CALC
1ST	8+3/4	7+0/0	26	0	7,873	563	1,700	7,873	CBL
1ST LINER	6+1/8	4+1/2	11.6	6765	12,000				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	7,580		<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: 8/11/2011

Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400192249	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400192248	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400192247	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400192253	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400192254	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	PAPER LOGS MUD 2202417 AC/TR 2202416 SD/DSN 2202415 CS/NGR 2202414 BVP 2202413 IN SCANNING. ADVISED OPERATOR TO SUBMIT FORM 5 FOR PILOT HOLE W/ PAPER AND DIG. CBL.	8/12/2011 10:33:50 AM

Total: 1 comment(s)