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Document Number:
 400190941

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 05-123-32381-00 6. County: WELD
 7. Well Name: THOMASON Well Number: 39-9
 8. Location: QtrQtr: SESE Section: 9 Township: 2N Range: 65W Meridian: 6
 Footage at surface: Distance: 254 feet Direction: FSL Distance: 176 feet Direction: FEL
 As Drilled Latitude: 40.146687 As Drilled Longitude: -104.660277

GPS Data:
 Date of Measurement: 05/23/2011 PDOP Reading: 2.6 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 1294 feet. Direction: FSL Dist.: 9 feet. Direction: FEL
 Sec: 9 Twp: 2N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 1247 feet. Direction: FSL Dist.: 6 feet. Direction: FEL
 Sec: 9 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) 04/23/2011 13. Date TD: 04/27/2011 14. Date Casing Set or D&A: 04/28/2011

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

16. Total Depth MD 7945 TVD** 7808 17 Plug Back Total Depth MD 7914 TVD** 7777

18. Elevations GR 4867 KB 4881 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:
AC-TR-SD-DSN; 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	771	490	0	771	VISU
1ST	7+7/8	4+1/2	11.6#	0	7,933	235	7,206	7,933	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

4/28/11 -set 669 sx cmt at DV Stage tool
 6/30/11 -HAL set 90 sx cmt squeeze @ 7175.
 7/1/11 -tag cement @ 6820. Drill out retainer and cement to 6930. Test csg to 500 psi. Held good.

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,483	669	1,258	5,500
SQUEEZE	1ST	7,175	90	6,820	7,175

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	7,044		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,334		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,740		<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: 8/1/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400190948	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400190947	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>			
400190941	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	hard copy logs doc#2202153-54 n scanning	8/5/2011 11:10:44 AM

Total: 1 comment(s)