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Document Number:  
 400202812

**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: 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 05-123-31710-00 6. County: WELD  
 7. Well Name: CARMA Well Number: 21-36  
 8. Location: QtrQtr: SENW Section: 36 Township: 3N Range: 68W Meridian: 6  
 Footage at surface: Distance: 1499 feet Direction: FNL Distance: 1443 feet Direction: FWL  
 As Drilled Latitude: 40.185729 As Drilled Longitude: -104.955503

GPS Data:  
 Date of Measurement: 08/03/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 1285 feet. Direction: FNL Dist.: 2589 feet. Direction: FEL  
 Sec: 36 Twp: 3N Rng: 68W  
 \*\* If directional footage at Bottom Hole Dist.: 1254 feet. Direction: FNL Dist.: 2597 feet. Direction: FEL  
 Sec: 36 Twp: 3N Rng: 68W

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) 07/11/2011 13. Date TD: 07/14/2011 14. Date Casing Set or D&A: 07/15/2011

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

16. Total Depth MD 8037 TVD\*\* 7876 17 Plug Back Total Depth MD 5180 TVD\*\* 5019

18. Elevations GR 4863 KB 4878  
 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**

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	0	839	530	15	839	CALC
1ST	7+7/8	4+1/2	11.6	0	8,026	230	6,672	8,026	CALC

**ADDITIONAL CEMENT**

Cement work date: 08/09/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,180	625	588	5,180

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	
PARKMAN	3,765	3,953	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,216	4,403	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,764	4,810	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,172		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,414		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,436		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,934		<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: 9/6/2011 Email: emily.carrender@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400202824	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400202823	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>Other Attachments</b>			
400202812	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Engineer	Preliminary Form 5, no CBL yet.	9/8/2011 12:31:00 PM

Total: 1 comment(s)