

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:
400201133

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 05-123-33297-00 6. County: WELD
 7. Well Name: REI Well Number: 35-10
 8. Location: QtrQtr: SWSW Section: 10 Township: 3N Range: 65W Meridian: 6
 Footage at surface: Distance: 439 feet Direction: FSL Distance: 447 feet Direction: FWL
 As Drilled Latitude: 40.233825 As Drilled Longitude: -104.657778

GPS Data:
Data of Measurement: 06/24/2011 PDOP Reading: 5.2 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 71 feet. Direction: FSL Dist.: 1397 feet. Direction: FWL
 Sec: 10 Twp: 3N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 68 feet. Direction: FSL Dist.: 1421 feet. Direction: FWL
 Sec: 8 Twp: 3N 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) 06/12/2011 13. Date TD: 06/14/2011 14. Date Casing Set or D&A: 06/15/2011

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

16. Total Depth MD 7870 TVD** 7741 17 Plug Back Total Depth MD 7838 TVD** 7710

18. Elevations GR 4816 KB 4831 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	767	480	0	767	VISU
1ST	7+7/8	4+1/2	11.6	0	7,858	1,040	375	7,858	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:

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	3,842		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,460	4,616	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,970		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,230		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,253		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,706		<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: 8/30/2011 Email: emily.carrender@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400201136	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400201135	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>			
400201133	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)