

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



DE ET OE ES

Document Number:  
400205915

## 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 05-123-32852-00 6. County: WELD  
 7. Well Name: SWEETGRASS Well Number: 22-14  
 8. Location: QtrQtr: NWSW Section: 14 Township: 1N Range: 68W Meridian: 6  
 Footage at surface: Distance: 2138 feet Direction: FSL Distance: 740 feet Direction: FWL  
 As Drilled Latitude: 40.049869 As Drilled Longitude: -104.977375

### GPS Data:

Data of Measurement: 08/01/2011 PDOP Reading: 3.1 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 2530 feet. Direction: FSL Dist.: 1296 feet. Direction: FWL  
 Sec: 14 Twp: 1N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 2508 feet. Direction: FSL Dist.: 1320 feet. Direction: FWL  
 Sec: 14 Twp: 1N 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) 06/13/2011 13. Date TD: 06/16/2011 14. Date Casing Set or D&A: 06/17/2011

### 15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8501 TVD\*\* 8420 17 Plug Back Total Depth MD 8472 TVD\*\* 8391

18. Elevations GR 5104 KB 5119

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:

P/E AILC-CNLD-ML-CV; 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	1,194	790	15	1,194	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,488	240	6,874	8,488	CBL

#### ADDITIONAL CEMENT

Cement work date: 06/17/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,977	720	730	6,014

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	4,042		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,750	4,910	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,322	5,450	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,568		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,928		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,949		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,386		<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: 9/15/2011 Email: Cindy.Vue@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400205923	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400205922	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>			
400205915	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)