

Document Number:  
 400216870

**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 05-123-31732-00 6. County: WELD  
 7. Well Name: BRYANT Well Number: 20-30  
 8. Location: QtrQtr: SWSE Section: 30 Township: 2N Range: 68W Meridian: 6  
 Footage at surface: Distance: 284 feet Direction: FSL Distance: 1328 feet Direction: FEL  
 As Drilled Latitude: 40.103061 As Drilled Longitude: -105.041612

GPS Data:  
 Date of Measurement: 09/12/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 1358 feet. Direction: FSL Dist.: 1325 feet. Direction: FEL  
 Sec: 30 Twp: 2N Rng: 68W  
 \*\* If directional footage at Bottom Hole Dist.: 1368 feet. Direction: FSL Dist.: 1309 feet. Direction: FEL  
 Sec: 30 Twp: 2N 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) 08/23/2011 13. Date TD: 08/26/2011 14. Date Casing Set or D&A: 08/27/2011

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

16. Total Depth MD 8235 TVD\*\* 8100 17 Plug Back Total Depth MD 8204 TVD\*\* 8069

18. Elevations GR 4928 KB 4943  
 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	835	530	15	835	CALC
1ST	7+7/8	4+1/2	11.6	0	8,221	218	6,868	8,221	CALC

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 08/27/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,906	670	634	5,906

Details of work:

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	4,057		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,519		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,912		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,368		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,673		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,696		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,080		<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: \_\_\_\_\_ Email: emily.carrender@anadarko.com

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

**General Comments**

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

Total: 0 comment(s)