

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:

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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: CARA MAHLER
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
 3. Address: P O BOX 173779 Fax: (720) 929-7029
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-33367-00 6. County: WELD
 7. Well Name: PSC Well Number: 13C-13HZ
 8. Location: QtrQtr: SESE Section: 13 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 503 feet Direction: FSL Distance: 425 feet Direction: FEL
 As Drilled Latitude: 40.220470 As Drilled Longitude: -104.943292

GPS Data:
 Date of Measurement: 08/03/2011 PDOP Reading: 2.6 GPS Instrument Operator's Name: RENEE DOIRON

** If directional footage at Top of Prod. Zone Dist.: 1134 feet. Direction: FSL Dist.: 866 feet. Direction: FEL
 Sec: 13 Twp: 3N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 1087 feet. Direction: FSL Dist.: 464 feet. Direction: FWL
 Sec: 13 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) 06/28/2011 13. Date TD: 07/09/2011 14. Date Casing Set or D&A: 07/13/2011

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

16. Total Depth MD 11730 TVD** 7245 17 Plug Back Total Depth MD 11705 TVD** 7220

18. Elevations GR 4873 KB 4890 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:
GAMMA RAY, L PLOT VH HORIZONTAL, 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	13+1/2	9+5/8	36	0	1,038	770	0	1,038	CALC
1ST	8+3/4	7+0/0	26	0	7,733	700	1,720	7,733	CBL
1ST LINER	6+1/8	4+1/2	11.6	6588	11,715				CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
NIOBRARA	7,057		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,454		<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: CARA MAHLER

Title: REGULATORY ANALYST Date: _____ Email: CARA.MAHLER@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)