

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: 400222941

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.

Completion Type [X] 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 City: DENVER State: CO Zip: 80217- Fax: (720) 929-7832

5. API Number 05-123-33138-00 6. County: WELD
7. Well Name: CARTER Well Number: 9-32
8. Location: QtrQtr: NWSE Section: 32 Township: 2N Range: 66W Meridian: 6
Footage at surface: Distance: 2321 feet Direction: FSL Distance: 1534 feet Direction: FEL
As Drilled Latitude: 40.093737 As Drilled Longitude: -104.797113

GPS Data: Data of Measurement: 07/22/2011 PDOP Reading: 4.5 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 2122 feet. Direction: FSL Dist.: 648 feet. Direction: FEL
Sec: 32 Twp: 2N Rng: 66W
\*\* If directional footage at Bottom Hole Dist.: 2122 feet. Direction: FSL Dist.: 647 feet. Direction: FEL
Sec: 32 Twp: 2N Rng: 66W

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) 05/09/2011 13. Date TD: 05/19/2011 14. Date Casing Set or D&A: 05/21/2011

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

16. Total Depth MD 8198 TVD\*\* 8078 17 Plug Back Total Depth MD 8155 TVD\*\* 8035

18. Elevations GR 4913 KB 4929 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: CBL NO OPEN HOLE LOGS, BRIDGED OUT @ 5100'

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST casing types.

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/21/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	4,624	626	100	4,746

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	7,358		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,582		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,042		<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: 11/10/2011 Email: Cindy.Vue@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400222946	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400222945	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>			
400222941	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	REQ MWD/FMI LOGS	11/11/2011 12:30:34 PM

Total: 1 comment(s)