

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:
400240246

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 05-123-30844-00 6. County: WELD
 7. Well Name: BARRON FEDERAL Well Number: 24-18
 8. Location: QtrQtr: NWSE Section: 18 Township: 3N Range: 66W Meridian: 6
 Footage at surface: Distance: 2047 feet Direction: FSL Distance: 1741 feet Direction: FEL
 As Drilled Latitude: 40.222976 As Drilled Longitude: -104.817017

GPS Data:
Data of Measurement: 11/15/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 2545 feet. Direction: FNL Dist.: 1187 feet. Direction: FEL
 Sec: 18 Twp: 3N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 2529 feet. Direction: FNL Dist.: 1200 feet. Direction: FEL
 Sec: 18 Twp: 3N 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) 10/30/2010 13. Date TD: 11/02/2010 14. Date Casing Set or D&A: 11/03/2010

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

16. Total Depth MD 8050 TVD** 7924 17 Plug Back Total Depth MD 8010 TVD** 7884

18. Elevations GR 4827 KB 4841 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:
SD-DSN-AC-TR; XIPE; 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	832	520	14	832	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,041	1,070	906	8,041	CBL
1ST LINER	7+7/8	3+1/2	9.2#	0	8,001	97	80	8,001	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	
PARKMAN	3,928	4,002	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,368	4,638	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,163		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,426		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,446		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,984		<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: _____ Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400240261	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400240260	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"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)