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Document Number:  
 400232844

**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 05-123-33479-00 6. County: WELD  
 7. Well Name: THOMASON Well Number: 23-16  
 8. Location: QtrQtr: NESW Section: 16 Township: 2N Range: 65W Meridian: 6  
 Footage at surface: Distance: 1888 feet Direction: FSL Distance: 2023 feet Direction: FWL  
 As Drilled Latitude: 40.136659 As Drilled Longitude: -104.671187

GPS Data:  
 Date of Measurement: 10/24/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 1285 feet. Direction: FSL Dist.: 2588 feet. Direction: FWL  
 Sec: 16 Twp: 2N Rng: 65W  
 \*\* If directional footage at Bottom Hole Dist.: 1281 feet. Direction: FSL Dist.: 2584 feet. Direction: FWL  
 Sec: 16 Twp: 2N Rng: 65W

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) 10/09/2011 13. Date TD: 10/11/2011 14. Date Casing Set or D&A: 10/12/2011

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

16. Total Depth MD 7493 TVD\*\* 7379 17 Plug Back Total Depth MD 7470 TVD\*\* 7356

18. Elevations GR 4885 KB 4900  
 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:  
CD-CN-ML, HRI; 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	952	600	0	952	VISU
1ST	7+7/8	4+1/2	11.6#	0	7,483	920	530	7,483	CBL

**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	4,098	4,300	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,415	4,750	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,038		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,299		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,323		<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: 12/15/2011 Email: Cindy.Vue@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400232854	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400232853	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>			
400232844	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)