

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:

400252904

Date Received:

02/16/2012

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 05-123-34058-00 6. County: WELD
 7. Well Name: MORTON Well Number: 10-1
 8. Location: QtrQtr: NESE Section: 1 Township: 1N Range: 67W Meridian: 6
 Footage at surface: Distance: 1371 feet Direction: FSL Distance: 973 feet Direction: FEL
 As Drilled Latitude: 40.076515 As Drilled Longitude: -104.833430

GPS Data:

Date of Measurement: 01/12/2012 PDOP Reading: 3.0 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 2002 feet. Direction: FSL Dist.: 1990 feet. Direction: FEL

Sec: 1 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 2009 feet. Direction: FSL Dist.: 1978 feet. Direction: FEL

Sec: 1 Twp: 1N Rng: 67W

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) 11/26/2011 13. Date TD: 11/30/2011 14. Date Casing Set or D&A: 12/01/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8245 TVD** 8086 17 Plug Back Total Depth MD 8215 TVD** 8056

18. Elevations GR 4898 KB 4913

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, 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	857	590	15	857	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,235	50	7,985	8,235	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/01/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	7,975	1,015	790	7,985

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	4,262	4,506	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,690	4,878	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,327		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,608		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,630		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,074		<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: 2/16/2012 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400252912	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400252911	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"/>
<u>Other Attachments</u>			
400252904	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400252920	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)