

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400266308

Date Received:

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 05-123-35064-00 6. County: WELD
 7. Well Name: CAMP Well Number: 38N-26HZR
 8. Location: QtrQtr: NENE Section: 26 Township: 3N Range: 66W Meridian: 6
 Footage at surface: Distance: 657 feet Direction: FNL Distance: 677 feet Direction: FEL
 As Drilled Latitude: 40.201630 As Drilled Longitude: -104.737420

GPS Data:
 Date of Measurement: 03/26/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 677 feet. Direction: FNL Dist.: 140 feet. Direction: FEL
 Sec: 26 Twp: 3N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 482 feet. Direction: FSL Dist.: 191 feet. Direction: FEL
 Sec: 26 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) 02/05/2012 13. Date TD: 03/19/2012 14. Date Casing Set or D&A: 03/28/2012

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

16. Total Depth MD 11757 TVD** 7223 17 Plug Back Total Depth MD 6393 TVD** 6350

18. Elevations GR 5015 KB 5021 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 - RAN CBL FROM SURFACE TO 6697'
WELL P&A DUE TO FISH IN HOLE.

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	946	685	16	946	CALC
1ST	8+3/4	7	26	0	7,652	713	700	7,652	CALC
1ST LINER	6+1/8	4+1/2	11.6	0	8,422	0	6,689	8,422	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/28/2012

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF	88	25	25	88
	1ST	6,595	50	6,362	6,595

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

TOP OF FISH @ 6697'. SEE ATTACHED DRAWING. VERBAL AGREEMENT MADE BETWEEN APC ENGINEER CHASE DOWNS AND COGCC ENGINEER DIANA BURN ON 3/27/12 AT 7:45AM TO P&A WELL.

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 ?	
<u>Attachment Checklist</u>			
400266410	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400266412	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>			
400266414	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400266417	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400266463	CORRESPONDENCE	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)