

FORM
5Rev
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:

400267820

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 05-123-33918-00 6. County: WELD
7. Well Name: MORTON Well Number: 1-12
8. Location: QtrQtr: SWNE Section: 12 Township: 1N Range: 67W Meridian: 6
Footage at surface: Distance: 1372 feet Direction: FNL Distance: 1763 feet Direction: FEL
As Drilled Latitude: 40.068989 As Drilled Longitude: -104.836170

GPS Data:

Data of Measurement: 01/19/2012 PDOP Reading: 3.2 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 685 feet. Direction: FNL Dist.: 605 feet. Direction: FEL

Sec: 12 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 706 feet. Direction: FNL Dist.: 591 feet. Direction: FEL

Sec: 12 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) 01/08/2012 13. Date TD: 01/11/2012 14. Date Casing Set or D&A: 01/13/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8325 TVD** 8086 17 Plug Back Total Depth MD 8292 TVD** 8053

18. Elevations GR 4905 KB 4920

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 | 883 | 560 | 15 | 883 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6# | 0 | 8,314 | 44 | 8,076 | 8,314 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

| | | | | | |
|------------------------------|--------|-----------------------------------|---------------|------------|---------------|
| Cement work date: 01/12/2012 | | | | | |
| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
| DV TOOL | 1ST | 8,060 | 1,040 | 1,192 | 8,060 |
| 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 | 4,387 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,697 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 5,349 | 5,443 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,369 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,685 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,707 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 8,145 | | <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 ? |
|-----------------------------|-----------------------|---|
| <u>Attachment Checklist</u> | | |
| 400267855 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400267853 | 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> | | |
| 400267858 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)