

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400282852

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 05-123-15503-00 6. County: WELD
 7. Well Name: HSR-STEIN Well Number: 15-23
 8. Location: QtrQtr: SWSE Section: 23 Township: 4N Range: 66W Meridian: 6
 Footage at surface: Distance: 520 feet Direction: FSL Distance: 1862 feet Direction: FEL
 As Drilled Latitude: 40.291625 As Drilled Longitude: -104.741633

GPS Data:

Data of Measurement: 08/14/2008 PDOP Reading: 3.4 GPS Instrument Operator's Name: Cody Mattson

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: 67668

12. Spud Date: (when the 1st bit hit the dirt) 01/06/1992 13. Date TD: 01/11/1992 14. Date Casing Set or D&A: 02/20/1992

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7362 TVD** _____ 17 Plug Back Total Depth MD 7295 TVD** _____

18. Elevations GR 4732 KB 4742

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:

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	522	360	10	522	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,354	433	4,100	7,354	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/19/2012

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	2,307	175	1,800	2,307

Details of work:

3/19/12 -Holes found around 1896-1928' and 2275-2307'. Suicide squeeze with 175 sacks of cement with est TOC @ 1800' and BOC @ 2307'.
 3/22/12 -Pressure tested both holes to 1000 psi, both tests were good, drill out cement to plug and circulate clean.

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	
SUSSEX	4,390		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,914		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,193		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,215		<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>			
400282864	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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)