

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:

400219607

Date Received:

03/07/2012

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: CARA MAHLER
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
 3. Address: P O BOX 173779 Fax: (720) 929-7029
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-32978-00 6. County: WELD
 7. Well Name: DOUTHIT Well Number: 32-26HZ
 8. Location: QtrQtr: NESE Section: 26 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 2279 feet Direction: FSL Distance: 330 feet Direction: FEL
 As Drilled Latitude: 40.196052 As Drilled Longitude: -104.961816

GPS Data:

Data of Measurement: 02/28/2012 PDOP Reading: 2.4 GPS Instrument Operator's Name: RENEE DOIRON

** If directional footage at Top of Prod. Zone Dist.: 2123 feet. Direction: FSL Dist.: 645 feet. Direction: FEL

Sec: 26 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2305 feet. Direction: FSL Dist.: 472 feet. Direction: FWL

Sec: 26 Twp: 3N Rng: 68W

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) 09/27/2011 13. Date TD: 10/08/2011 14. Date Casing Set or D&A: 10/17/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12145 TVD** 7486 17 Plug Back Total Depth MD 11471 TVD** 7486

18. Elevations GR 4934 KB 4951

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:

L PLOT VH HORIZONTAL, L PLOT VH VERTICAL, CALIPER, MEMORY LOG, 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	13+1/2	9+5/8	36	0	837	620	0	837	CALC
1ST	8+3/4	7+0/0	26	0	7,938	725	620	7,938	CBL
1ST LINER	6+1/8	4+1/2	11.6	6219	11,566	260	6,218	11,566	CALC

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	
NIOBRARA	7,052		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,342		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,428		<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: CARA MAHLER

Title: REGULATORY ANALYST Date: 3/7/2012 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400250218	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400250219	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"/>
Other Attachments			
400219607	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400250227	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Received digital logs.	5/29/2012 1:16:47 PM
Permit	ON HOLD: Requesting digital logs.	5/25/2012 2:41:36 PM

Total: 2 comment(s)