

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



DE ET OE ES

Document Number:

400296868

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: JOEL MALEFYT
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6828
 3. Address: P O BOX 173779 Fax: (720) 929-7828
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-34447-00 6. County: WELD
 7. Well Name: BARCLAY Well Number: 27N-27HZ
 8. Location: QtrQtr: SWSE Section: 27 Township: 3N Range: 66W Meridian: 6
 Footage at surface: Distance: 477 feet Direction: FSL Distance: 1855 feet Direction: FEL
 As Drilled Latitude: 40.190204 As Drilled Longitude: -104.760412

GPS Data:

Data of Measurement: 04/17/2012 PDOP Reading: 2.2 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 806 feet. Direction: FSL Dist.: 1190 feet. Direction: FEL

Sec: 27 Twp: 3N Rng: 66W

** If directional footage at Bottom Hole Dist.: 481 feet. Direction: FNL Dist.: 1175 feet. Direction: FEL

Sec: 27 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) 03/12/2012 13. Date TD: 03/23/2012 14. Date Casing Set or D&A: 03/27/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11654 TVD** 7180 17 Plug Back Total Depth MD 11638 TVD** 7165

18. Elevations GR 4956 KB 4969

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; NO OPEN HOLE 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	13+1/2	9+5/8	36	0	881	760	13	881	CALC
1ST	8+3/4	7	26	0	7,658	715	270	7,658	CBL
1ST LINER	6+1/8	4+1/2	11.6	6543	11,639				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	
SHARON SPRINGS	7,160		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,236		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,630		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,680		<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: JOEL MALEFYT

Title: REGULATORY ANALYST Date: _____ Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400296876	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400296875	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			
400296878	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)