

**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.

Document Number:  
400275388

Date Received:  
04/23/2012

Completion Type  Final completion  Preliminary completion

1. OGCC Operator Number: 47120 4. Contact Name: Emily Carrender  
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6282  
 3. Address: P O BOX 173779 Fax: (720) 929-7282  
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-33812-00 6. County: WELD  
 7. Well Name: DACONO Well Number: 29-2  
 8. Location: QtrQtr: SENW Section: 2 Township: 1N Range: 68W Meridian: 6  
 Footage at surface: Distance: 2048 feet Direction: FNL Distance: 1861 feet Direction: FWL  
 As Drilled Latitude: 40.082063 As Drilled Longitude: -104.973285

GPS Data:  
 Date of Measurement: 04/17/2012 PDOP Reading: 1.2 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 34 feet. Direction: FNL Dist.: 1319 feet. Direction: FWL  
 Sec: 2 Twp: 1N Rng: 68W  
 \*\* If directional footage at Bottom Hole Dist.: 24 feet. Direction: FNL Dist.: 1319 feet. Direction: FWL  
 Sec: 2 Twp: 1N 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) 02/11/2012 13. Date TD: 02/14/2012 14. Date Casing Set or D&A: 02/16/2012

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

16. Total Depth MD 8710 TVD\*\* 8281 17 Plug Back Total Depth MD 8654 TVD\*\* 8225

18. Elevations GR 5016 KB 5031 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:  
PRE FORM 5

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	0	945	600	15	945	CALC
1ST	7+7/8	4+1/2	11.6	0	8,700	40	8,525	8,700	CALC

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 02/16/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	6,250	848	1,500	6,250

Details of work:

21. Formation log intervals and test zones:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	7,850		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,154		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,584		<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: Emily Carrender

Title: Operation Specialist I Date: 4/23/2012 Email: emily.carrender@anadarko.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400275399	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400275398	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"/>
<b>Other Attachments</b>			
400275388	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400275400	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)