

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:

400311886

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.

Completion Type [X] 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 City: DENVER State: CO Zip: 80217- Fax: (720) 929-7828

5. API Number 05-123-35073-00 6. County: WELD
7. Well Name: HEIN Well Number: 8-1
8. Location: QtrQtr: SWNE Section: 1 Township: 1N Range: 67W Meridian: 6
Footage at surface: Distance: 1987 feet Direction: FNL Distance: 1858 feet Direction: FEL
As Drilled Latitude: 40.081975 As Drilled Longitude: -104.836630

GPS Data:
Date of Measurement: 05/15/2012 PDOP Reading: 1.2 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 2001 feet. Direction: FNL Dist.: 651 feet. Direction: FEL
Sec: 1 Twp: 1N Rng: 67W
** If directional footage at Bottom Hole Dist.: 2001 feet. Direction: FNL Dist.: 646 feet. Direction: FEL
Sec: 1 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) 04/28/2012 13. Date TD: 04/30/2012 14. Date Casing Set or D&A: 05/01/2012

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

16. Total Depth MD 8260 TVD** 8071 17 Plug Back Total Depth MD 7970 TVD** 7781

18. Elevations GR 4895 KB 4910
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; DSN-SD-AC-TR;

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST.

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/28/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	7,990	1,010	686	7,990

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	4,298		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,675		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,348		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,641		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,665		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,100		<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 ?	
<u>Attachment Checklist</u>			
400311895	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400311894	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>			
400311896	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)