

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:

400295842

Date Received:

08/22/2012

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: Eric Jansen
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6412
 3. Address: P O BOX 173779 Fax: (720) 929-7412
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-34731-00 6. County: WELD
 7. Well Name: RICE Well Number: 1N-33HZ
 8. Location: QtrQtr: SWSE Section: 33 Township: 3N Range: 66W Meridian: 6
 Footage at surface: Distance: 614 feet Direction: FSL Distance: 1907 feet Direction: FEL
 As Drilled Latitude: 40.175952 As Drilled Longitude: -104.779570

GPS Data:

Date of Measurement: 08/13/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 744 feet. Direction: FSL Dist.: 857 feet. Direction: FEL

Sec: 33 Twp: 3N Rng: 66W

** If directional footage at Bottom Hole Dist.: 482 feet. Direction: FNL Dist.: 824 feet. Direction: FEL

Sec: 33 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) 02/15/2012 13. Date TD: 05/29/2012 14. Date Casing Set or D&A: 05/30/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11760 TVD** 7209 17 Plug Back Total Depth MD 6501 TVD** 6381

18. Elevations GR 4941 KB 4958

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:

PRELIMINARY 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	13+1/2	9+5/8	36	0	727	590	0	727	CALC
1ST	8+3/4	7+0/0	26	0	7,721	747	636	7,721	CALC
1ST LINER	6+1/8	4+1/2	11.6	6501	11,680				CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	7,251		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,371		<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: Eric Jansen

Title: Regulatory Specialist Date: 8/22/2012 Email: eric.jansen@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400319381	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400319380	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>			
400295842	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400319383	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)