

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:

400360908

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 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 City: DENVER State: CO Zip: 80217- Fax: (720) 929-7282

5. API Number 05-123-35832-00 6. County: WELD
7. Well Name: VAN PORTFLIET Well Number: 14N-E3HZ
8. Location: QtrQtr: SWSW Section: 10 Township: 2N Range: 65W Meridian: 6
Footage at surface: Distance: 300 feet Direction: FSL Distance: 1060 feet Direction: FWL
As Drilled Latitude: 40.146797 As Drilled Longitude: -104.655838

GPS Data:
Date of Measurement: 11/26/2012 PDOP Reading: 1.8 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 300 feet. Direction: FSL Dist.: 1060 feet. Direction: FWL
Sec: 10 Twp: 2N Rng: 65W
** If directional footage at Bottom Hole Dist.: 50 feet. Direction: FSL Dist.: 1650 feet. Direction: FWL
Sec: 3 Twp: 2N Rng: 65W

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) 09/13/2012 13. Date TD: 10/28/2012 14. Date Casing Set or D&A: 10/29/2012

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

16. Total Depth MD 12115 TVD** 6980 17 Plug Back Total Depth MD 12091 TVD** 6980

18. Elevations GR 4862 KB 4868
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

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, 1ST, and 1ST LINER.

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	6,899		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,036		<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: Regulatory Specialist I Date: _____ Email: emily.carrender@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400360918	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400360917	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>			
400360919	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)