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Document Number:  
 400361143

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: 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 05-123-35831-00 6. County: WELD  
 7. Well Name: VAN PORTFLIET Well Number: 35C-W3HZ  
 8. Location: QtrQtr: SWSW Section: 10 Township: 2N Range: 65W Meridian: 6  
 Footage at surface: Distance: 300 feet Direction: FSL Distance: 1030 feet Direction: FWL  
 As Drilled Latitude: 40.146798 As Drilled Longitude: -104.655945

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.: 1030 feet. Direction: FWL  
 Sec: 10 Twp: 2N Rng: 65W  
 \*\* If directional footage at Bottom Hole Dist.: 50 feet. Direction: FSL Dist.: 950 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) 09/14/2012 13. Date TD: 11/07/2012 14. Date Casing Set or D&A: 11/10/2012

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

16. Total Depth MD 12211 TVD\*\* 7164 17 Plug Back Total Depth MD 12200 TVD\*\* 7172

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**

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	0	926	690	14	926	CALC
1ST	8+3/4	7	26.0	0	7,520	730	14	7,520	CALC
1ST LINER	6+1/8	4+1/2	11.6	6664	12,202				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	6,824		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,925		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,343		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,496		<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 ?	
<b>Attachment Checklist</b>			
400361150	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400361149	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>			
400361151	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)