

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:

400362932

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

5. API Number 05-123-35458-00
6. County: WELD
7. Well Name: PALYO Well Number: 13C-11HZ
8. Location: QtrQtr: NWNW Section: 11 Township: 2N Range: 65W Meridian: 6
Footage at surface: Distance: 692 feet Direction: FNL Distance: 641 feet Direction: FWL
As Drilled Latitude: 40.158590 As Drilled Longitude: -104.638170

GPS Data:

Date of Measurement: 11/05/2012 PDOP Reading: 1.9 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 559 feet. Direction: FSL Dist.: 695 feet. Direction: FWL
Sec: 11 Twp: 2N Rng: 65W

** If directional footage at Bottom Hole Dist.: 485 feet. Direction: FSL Dist.: 806 feet. Direction: FWL
Sec: 11 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) 07/31/2012 13. Date TD: 10/16/2012 14. Date Casing Set or D&A: 10/18/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11725 TVD** 7126 17 Plug Back Total Depth MD 11591 TVD** 7126

18. Elevations GR 4856 KB 4862

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	904	670	16	904	CALC
1ST	8+3/4	7	26.0	0	6,098	715	686	6,098	CALC
1ST LINER	6+1/8	4+1/2	11.6	6399	11,600				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	6,913		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,030		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,290		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,365		<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 ?	
Attachment Checklist			
400362934	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400362933	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"/>
Other Attachments			
400362935	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)