

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



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Document Number:

400355401

Date Received:

12/07/2012

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: 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 05-123-35830-00 6. County: WELD
 7. Well Name: VAN PORTFLIET Well Number: 36N-3HZ
 8. Location: QtrQtr: SWSW Section: 10 Township: 2N Range: 65W Meridian: 6
 Footage at surface: Distance: 300 feet Direction: FSL Distance: 1090 feet Direction: FWL
 As Drilled Latitude: 40.146798 As Drilled Longitude: -104.655732

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.: 649 feet. Direction: FSL Dist.: 2305 feet. Direction: FWL
 Sec: 10 Twp: 2N Rng: 65W

** If directional footage at Bottom Hole Dist.: 50 feet. Direction: FSL Dist.: 2275 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) 09/12/2012 13. Date TD: 10/16/2012 14. Date Casing Set or D&A: 10/19/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12151 TVD** 7003 17 Plug Back Total Depth MD 12128 TVD** 7002

18. Elevations GR 4863 KB 4869 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	931	690	14	931	CALC
1ST	8+3/4	7	26.0	0	7,466	711	14	7,466	CALC
1ST LINER	6+1/8	4+1/2	11.6	6491	12,136				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	7,196		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,357		<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: 12/7/2012 Email: emily.carrender@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400355410	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400355409	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>			
400355401	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400355412	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator entered surface hole location in TPZ. Input correct footages.	2/5/2013 2:12:16 PM

Total: 1 comment(s)