

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:

400350167

Date Received:

11/26/2012

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
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 05-123-35191-00
6. County: WELD
7. Well Name: XCEL Well Number: 36-27
8. Location: QtrQtr: SWSW Section: 27 Township: 1N Range: 67W Meridian: 6
Footage at surface: Distance: 560 feet Direction: FSL Distance: 692 feet Direction: FWL
As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 54 feet. Direction: FSL Dist.: 2365 feet. Direction: FWL
Sec: 27 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 56 feet. Direction: FSL Dist.: 2370 feet. Direction: FWL
Sec: 27 Twp: 1N Rng: 67W

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) 11/19/2012 13. Date TD: 11/22/2012 14. Date Casing Set or D&A: 11/23/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8233 TVD** 8112 17 Plug Back Total Depth MD 8198 TVD** 8077

18. Elevations GR 5028 KB 5043

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	12+1/4	8+5/8	24.0	0	1,167	740	0	1,167	CALC
1ST	7+7/8	4+1/2	11.6	0	8,233	1,001	967	8,233	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	
PARKMAN	4,620	4,800	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,040	5,240	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,640		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,045		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,068		<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: 11/26/2012 Email: emily.carrender@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400350176	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400350175	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>			
400350167	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400350177	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)