

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:

400388534

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 05-123-35846-00
6. County: WELD
7. Well Name: RAYMOND Well Number: 15N-29HZ
8. Location: QtrQtr: NWNE Section: 29 Township: 3N Range: 66W Meridian: 6
Footage at surface: Distance: 249 feet Direction: FNL Distance: 1506 feet Direction: FEL
As Drilled Latitude: 40.202415 As Drilled Longitude: -104.796983

GPS Data:

Data of Measurement: 11/26/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 698 feet. Direction: FNL Dist.: 2137 feet. Direction: FEL

Sec: 29 Twp: 3N Rng: 66W

** If directional footage at Bottom Hole Dist.: 484 feet. Direction: FSL Dist.: 2091 feet. Direction: FEL

Sec: 29 Twp: 3N Rng: 66W

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) 09/17/2012 13. Date TD: 01/20/2013 14. Date Casing Set or D&A: 01/21/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11713 TVD** 7196 17 Plug Back Total Depth MD 11689 TVD** 7196

18. Elevations GR 4924 KB 4930

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 | 933 | 690 | 17 | 933 | CALC |
| 1ST | 8+3/4 | 7 | 26.0 | 0 | 7,601 | 730 | 17 | 7,601 | CALC |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.6 | 6606 | 11,698 | | | | 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 | 7,197 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,445 | | <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> | | | |
| 400388538 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400388537 | 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> | | | |
| 400388539 | 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)