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Document Number:
400386240

Date Received:
02/28/2013

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 05-123-35740-00 6. County: WELD
 7. Well Name: NICHOLS Well Number: 16N-31HZ
 8. Location: QtrQtr: SESE Section: 6 Township: 2N Range: 65W Meridian: 6
 Footage at surface: Distance: 346 feet Direction: FSL Distance: 1292 feet Direction: FEL
 As Drilled Latitude: 40.161370 As Drilled Longitude: -104.701699

GPS Data:
 Date of Measurement: 02/11/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 692 feet. Direction: FSL Dist.: 830 feet. Direction: FEL
 Sec: 6 Twp: 2N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 693 feet. Direction: FNL Dist.: 833 feet. Direction: FEL
 Sec: 31 Twp: 3N 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) 10/11/2012 13. Date TD: 12/17/2012 14. Date Casing Set or D&A: 12/18/2012

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

16. Total Depth MD 11278 TVD** 7066 17 Plug Back Total Depth MD 11171 TVD** 7066

18. Elevations GR 4925 KB 4931 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 | 921 | 680 | 0 | 921 | CALC |
| 1ST | 8+3/4 | 7 | 26.0 | 0 | 7,478 | 730 | 500 | 7,478 | CALC |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.6 | 6501 | 11,180 | | | | 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 | 7,090 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,322 | | <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: 2/28/2013 Email: emily.carrender@anadarko.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|------------------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400386247 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400386246 | 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> | | | |
| 400386240 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400386249 | 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)