

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:

400420018

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: JOEL MALEFYT
Phone: (720) 929-6828
Fax: (720) 929-7828

5. API Number 05-123-35914-00
6. County: WELD
7. Well Name: NICHOLS Well Number: 28C-5HZ
8. Location: QtrQtr: SWNE Section: 8 Township: 2N Range: 65W Meridian: 6
Footage at surface: Distance: 2469 feet Direction: FNL Distance: 2102 feet Direction: FEL
As Drilled Latitude: 40.153740 As Drilled Longitude: -104.685831

GPS Data:

Data of Measurement: 01/28/2013 PDOP Reading: 1.2 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 1922 feet. Direction: FNL Dist.: 2429 feet. Direction: FEL

Sec: 8 Twp: 2N Rng: 65W

** If directional footage at Bottom Hole Dist.: 485 feet. Direction: FNL Dist.: 2370 feet. Direction: FEL

Sec: 5 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) 11/04/2012 13. Date TD: 01/06/2013 14. Date Casing Set or D&A: 01/08/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 14256 TVD** 7288 17 Plug Back Total Depth MD 14237 TVD** 7288

18. Elevations GR 4911 KB 4927

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:

CBL; MWD: GR; MUD

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	845	620	0	845	VISU
1ST	8+3/4	7	26	0	7,661	812	0	7,661	CBL
1ST LINER	6+1/8	4+1/2	11.6	6650	14,246				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	6,985		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,067		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,539		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,661		<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: JOEL MALEFYT

Title: REGULATORY ANALYST Date: _____ Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400420038	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400420039	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400420028	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400420031	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400420032	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400420033	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400420034	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400420035	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400420036	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400420040	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)