

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:

400529420

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 4. Contact Name: Katie Kistner
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 9294317
 3. Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-36225-00 6. County: WELD
 7. Well Name: GITTLEIN Well Number: 3N-28HZ
 8. Location: QtrQtr: SESW Section: 33 Township: 2N Range: 65W Meridian: 6
 Footage at surface: Distance: 223 feet Direction: FSL Distance: 2113 feet Direction: FWL
 As Drilled Latitude: 40.088439 As Drilled Longitude: -104.670726

GPS Data:
Data of Measurement: 09/09/2013 PDOP Reading: 1.5 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 442 feet. Direction: FSL Dist.: 2635 feet. Direction: FEL
 Sec: 33 Twp: 2N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 2178 feet. Direction: FSL Dist.: 2600 feet. Direction: FWL
 Sec: 28 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) 09/04/2013 13. Date TD: 10/18/2013 14. Date Casing Set or D&A: 10/19/2013

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

16. Total Depth MD 14210 TVD** 7043 17 Plug Back Total Depth MD 14152 TVD** 7044

18. Elevations GR 4911 KB 4936 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, 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	1,338	473	0	1,338	VISU
1ST	8+3/4	7	26	0	7,237	720	0	7,237	CBL
1ST LINER	6+1/8	4+1/2	11.6	6361	14,200	510	6,377	14,200	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	6,994		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,057		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Kerr McGee landed the 7" casing 18' shy of the planned spacing. To ensure the productive interval remains within the permitted spacing unit, Kerr McGee will not have a frac port between the 7" shoe and first openhole packer to prevent production within the 18' of openhole.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Katie Kistner

Title: Regulatory Analyst Date: _____ Email: katie.kistner@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400529458	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400534311	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"/>
<u>Other Attachments</u>			
400529434	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400529436	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400529437	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400529438	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400529440	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400529457	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400534310	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)