

Document Number:  
400575107

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 05-123-36510-00 6. County: WELD  
 7. Well Name: McKINSTRY Well Number: 25C-21HZ  
 8. Location: QtrQtr: SENE Section: 22 Township: 3N Range: 68W Meridian: 6  
 Footage at surface: Distance: 1750 feet Direction: FNL Distance: 501 feet Direction: FEL  
 As Drilled Latitude: 40.214097 As Drilled Longitude: -104.981388

GPS Data:  
 Date of Measurement: 01/17/2014 PDOP Reading: 2.3 GPS Instrument Operator's Name: RENEE DOIRON

\*\* If directional footage at Top of Prod. Zone Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
 \*\* If directional footage at Bottom Hole Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

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) 01/06/2014 13. Date TD: 03/08/2014 14. Date Casing Set or D&A: \_\_\_\_\_

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

16. Total Depth MD 916 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 916 TVD\*\* \_\_\_\_\_

18. Elevations GR 4984 KB 4990 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:

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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| 1ST LINER   | 13+1/2       | 9+5/8          | 36    | 0             | 906           | 344       | 0       | 906     | VISU   |

**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                    |   |
|                |                |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

DRILLING PLANNED FOR END OF 2014.

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> |                       |                              |  |
|                             | CMT Summary *         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | Core Analysis         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                             | Directional Survey ** | Yes <input type="checkbox"/> | No <input checked="" 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"/> |

### General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
|                   |                |                     |

Total: 0 comment(s)