


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table>	DE	ET	OE	ES		
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<b>DRILLING COMPLETION REPORT</b>			Document Number: <div style="text-align: center;">400537626</div> Date Received: <div style="text-align: center;">01/10/2014</div>						
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion									
1. OGCC Operator Number: <u>47120</u>		4. Contact Name: <u>REBECCA HEIM</u>							
2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u>		Phone: <u>(720) 929-6361</u>							
3. Address: <u>P O BOX 173779</u>		Fax: <u>(720) 929-7361</u>							
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80217-</u>							
5. API Number <u>05-123-25262-00</u>		6. County: <u>WELD</u>							
7. Well Name: <u>USA</u>		Well Number: <u>19-36</u>							
8. Location: QtrQtr: <u>SESW</u>	Section: <u>36</u>	Township: <u>3N</u>	Range: <u>66W</u> Meridian: <u>6</u>						
Footage at surface: Distance: <u>1195</u> feet		Direction: <u>FSL</u> Distance: <u>1426</u> feet							
As Drilled Latitude: <u>40.177942</u>		As Drilled Longitude: <u>-104.729889</u>							
GPS Data:									
Data of Measurement: <u>02/22/2008</u>		PDOP Reading: <u>2.3</u> GPS Instrument Operator's Name: <u>Cody Mattson</u>							
** If directional footage at Top of Prod. Zone		Dist.: _____ feet. Direction: _____							
Sec: _____		Twp: _____ Rng: _____							
** If directional footage at Bottom Hole		Dist.: _____ feet. Direction: _____							
Sec: _____		Twp: _____ Rng: _____							
9. Field Name: <u>WATTENBERG</u>		10. Field Number: <u>90750</u>							
11. Federal, Indian or State Lease Number: <u>COC37842</u>									
12. Spud Date: (when the 1st bit hit the dirt) <u>09/20/2007</u>		13. Date TD: _____ 14. Date Casing Set or D&A: _____							
15. Well Classification:									
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation									
16. Total Depth MD <u>7570</u> TVD** _____		17 Plug Back Total Depth MD <u>7545</u> TVD** _____							
18. Elevations GR <u>5005</u> KB <u>5019</u>		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:									
<b>CASING</b>									
Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	906	480	0	906	CALC
<b>STAGE/TOP OUT/REMEDIAL CEMENT</b>									
Cement work date: <u>11/19/2013</u>									

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	3,722	770	140	3,722

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:

FORM 5 FOR BRADENHEAD

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

Signed: \_\_\_\_\_ Print Name: REBECCA HEIM

Title: REGULATORY Date: 1/10/2014 Email: rscdjpostdrill@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400537630	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input 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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400537626	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400537627	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400537628	OPERATIONS SUMMARY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400537631	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)