

FORM 5
Rev 09/14

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:
400976894

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

OGCC Operator Number: 47120 Contact Name: DOREEN GREEN
Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (435) 781-9758
Address: P O BOX 173779 Fax:
City: DENVER State: CO Zip: 80217-

API Number 05-123-29115-00 County: WELD
Well Name: STATE Well Number: 30-16
Location: QtrQtr: SWNW Section: 16 Township: 1N Range: 68W Meridian: 6
Footage at surface: Distance: 1480 feet Direction: FNL Distance: 1018 feet Direction: FWL
As Drilled Latitude: 40.054278 As Drilled Longitude: -105.014561

GPS Data:
Date of Measurement: 03/24/2009 PDOP Reading: 1.9 GPS Instrument Operator's Name: Cody Mattson

** If directional footage at Top of Prod. Zone Dist.: 101 feet. Direction: FNL Dist.: 55 feet. Direction: FWL
Sec: 16 Twp: 1N Rng: 68W
** If directional footage at Bottom Hole Dist.: 101 feet. Direction: FNL Dist.: 55 feet. Direction: FWL
Sec: 16 Twp: 1N Rng: 68W

Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: 70/8570-S

Spud Date: (when the 1st bit hit the dirt) 12/06/2008 Date TD: Date Casing Set or D&A:
Rig Release Date: 12/11/2008 Per Rule 308A.b.

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

Total Depth MD 8390 TVD** 8090 Plug Back Total Depth MD 8343 TVD** 8043

Elevations GR 5160 KB 5175 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CASING, LINER AND CEMENT

| 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 | 24 | 0 | 1,003 | 705 | 0 | 1,003 | CALC |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/31/2015

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| 1 INCH | 1ST | 1,406 | 135 | 740 | 1,410 |

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analysis must be submitted to COGCC) |
|----------------|----------------|--------|------------------|-------|---|
| | Top | Bottom | DST | Cored | |
| | | | | | |

Comment:

BRADENHEAD-ANNULAR FILL

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

Signed: _____

Print Name: DOREEN GREEN

Title: REGULATORY ANALYST

Date: _____

Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 400976898 | 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"/> |
| 400976896 | Other | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Other Attachments | | | |
| 400976895 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400976897 | OPERATIONS SUMMARY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400976899 | WELLBORE DIAGRAM | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)