

**State of Colorado**  
**Oil and Gas Conservation Commission**

120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax (303)894-2100

# DRILLING COMPLETION REPORT

This form is to be submitted within thirty (30) days of a well's completion. If the well is deepened or sidetracked, a new Form 5 will be required. If an attempt has been made to complete/produce a well, then the operator shall submit a Form 5A (Completed Interval Report.) If the well has been plugged, submit a Form 6 (Well Abandonment Report.)

FOR OGCC USE ONLY

RECEIVED

JAN -3 02

COGCC



01077593

1. OGCC Operator Number: <u>47120</u>		4. Contact Name & Phone <u>Elaine Winick</u>		<div>Complete the Attachment Checklist</div> <div> <div>Oper</div> <div>OGCC</div> </div>	
2. Name of Operator: <u>Kerr-McGee Rocky Mountain Corporation</u>					
3. Address: <u>3939 Carson Avenue</u>		No: <u>970-330-0614</u>		<div>Survey Plat</div> <div></div>	
City: <u>Evans</u>	State: <u>CO</u>	Zip: <u>80620</u>	Fax: <u>970-330-0431</u>	<div>Directional Survey</div> <div></div>	
5. API Number: <u>05-123-20345</u>		6. County: <u>Weld</u>		<div>Surface Equipment Diagram</div> <div></div>	
7. Well Name: <u>HSR-LEPPLA</u>		Well Number: <u>7-2</u>		<div>Technical Information Page</div> <div></div>	
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWNE Sec 2-T1N-R68W 6th P.M.</u>				<div>Other</div> <div></div>	
Footage at Surface: <u>1885' FNL &amp; 1837' FEL</u>		9. Was a directional survey run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If directional, footage at Top of Prod. Zone: <u>same</u>					
If directional, footage at Bottom Hole: <u>same</u>					
10. Field Name: <u>Wattenberg</u>		Field Number: <u>90750</u>		<div>15. Well Classification</div> <div> <div> <div>Dry</div> <div>Oil</div> <div><input checked="" type="checkbox"/> Gas</div> </div> <div> <div>Coalbed</div> <div>Stratigraphic</div> <div>Enhanced Recovery</div> <div>Gas Storage</div> <div>Other:</div> </div> <div> <div><input type="checkbox"/> Disposal</div> <div><input type="checkbox"/> Observation</div> </div> </div>	
11. Federal, Indian or State Lease Number: <u></u>					
12. Spud Date <u>05/31/01</u>		13. Date TD Reached <u>06/06/01</u>			
		14. Date Completed or D&A <u>06/21/01</u>			
16. Total depth MD <u>8320'</u> TVD <u></u>		17. Plug Back Total depth MD <u>8284'</u> TVD <u></u>			
18. Was a Mud Log Run? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Elevations GR <u>5003'</u> KB <u>5015'</u>			
** One copy of all electric and mud log runs must be submitted. **					
20. List Electric Logs Run: <u>DIGLGR, CDCNGR, CBL</u>					

## CASING, LINER and CEMENT

21.

Submit contractor's cement job summary for each string cemented

String	Hole Size	Csg/Liner Size	Csg/Liner Wt (Lbs.)	Csg/Liner Top	Csg/Tool Setting Depth	No of Sacks	Cement Interval		Identify Method	
							Top	Bottom	CBL	Calc
Surface	12-1/4"	8-5/8"	24#	surface	869'	610	surface	869'		x
1st	7-7/8"	4-1/2"	11.6#	surface	8312'	250	6750' <b>6724'</b>	8312'	x	
Stage Cement					<b>5386</b>	400	3930'	5392'	x	
Stage Cement										
Stage Cement										
1st Liner										

### FORMATION LOG INTERVALS and TEST ZONES

22

[illegible]

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

Print Name **Elaine Winick**

Signed Glenn Winick

**Title: Operations Technician**

Date: 12/27/01