

**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

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OGCC



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

**Complete the
Attachment Checklist**

Survey Plat	Oper	OGCC
Directional Survey		
Surface Equipment Diagram		
Technical Information Page		
Other		
15. Well Classification		
<input type="checkbox"/> Dry	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Gas
<input type="checkbox"/> Coabed		
<input type="checkbox"/> Stratigraphic	<input type="checkbox"/> Disposal	
<input type="checkbox"/> Enhanced Recovery		
<input type="checkbox"/> Gas Storage	<input type="checkbox"/> Observation	
Other:		

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' 6724'	8312'	x	
Stage Cement						400	3930'	5392'	x	
Stage Cement										
Stage Cement										
1st Liner										

FORMATION LOG INTERVALS and TEST ZONES

22. *** All DST and Core analysis must be submitted to COGCC. ***

Formation	Measured Depth		Check if applies		Comments
	Top	Bottom	DST	Cored	
Sussex	4570'				
Shannon	5068'				
Niobrara	7433'				
Fort Hays	7699'				
Codell	7719'				
D Sand					
J Sand	8152'				
Dakota					
TD	8320'				

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 Elaine Winick Title: Operations Technician Date: 12/27/01