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COGCC

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.)

1. OGCC Operator Number: 47120

2. Name of Operator: Kerr-McGee Rocky Mountain Corporation

3. Address: 3939 Carson Avenue

City: Evans State: CO Zip: 80620

5. API Number: 05-123-22272

Well Name: EATON

8. Location (QtrQtr, Sec Twp, Rng, Meridian): NWSW 19 4N 66W 6TH P.M.

Footage at Surface: 1785 FSL 560 FWH

If directional, footage at Top of Prod. Zone:

If directional, footage at Bottom Hole:

10. Field Name: HAMBERT

11. Federal, Indian or State Lease Number:

12. Spud Date: 08/05/2004

13. Date TD Reached: 08/11/2004

14. Date Completed or DA: 9/15/2004

16. Total depth: MD 7865 TVD 7865 MD 7848 TVD 7848

17. Plug Back Total depth: MD 7848 TVD 7848

18. Was a Mud Log Run? ☒ Yes ☐ No

19. Elevations: GR 4720 KB 4732

20. List Electric Logs Run: DIGI/GR, CDCN/GR, CBL

4. Contact Name Phone: Pat Tognoni

No: 970-330-0614

Fax: 970-330-0431

9. Was a directional survey run? ☐ Yes ☒ No

Field Number: 90750

Complete the Attachment Checklist

Oper OGCC

Survey Plat

Directional Survey

Surface Equip Diagram

Technical Info Page

Other

15. Well Classification

☒ Dry ☒ Oil ☒ Gas

☐ Coalbed

☐ Stratigraphic ☐ Disposal

☐ Enhanced Recovery

☐ Gas Storage ☐ Observation

☐ Other

21 CASING, LINER and CEMENT										
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	0	677	535	677	677	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PRODUCTI	12-1/4	4-1/2	11.6	0	7849	190	3710	5315	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRODUCTI	12-1/4	4-1/2	11.6	0	7849	90	5315	6200	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRODUCTI	12-1/4	4-1/2	11.6	0	7849	310	6200	7849	<input checked="" type="checkbox"/>	<input type="checkbox"/>

22. FORMATION LOG INTERVALS and TEST ZONES						
Formation	Measured Depth		Check if applies		*** All DST and Core analysis must be submitted to COGCC ***	
	Top	Bottom	DST	Cored	Comments	
SUSSEX	4207		<input type="checkbox"/>	<input type="checkbox"/>		
SHANNON	4698		<input type="checkbox"/>	<input type="checkbox"/>		
NIOBRARA	6909		<input type="checkbox"/>	<input type="checkbox"/>		
FT HAYS	7210		<input type="checkbox"/>	<input type="checkbox"/>		
CODELL	7232		<input type="checkbox"/>	<input type="checkbox"/>		
J SAND	7690		<input type="checkbox"/>	<input type="checkbox"/>		

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

Print Name: Brian Glaser

Signed: [Signature] Title: Engineering Intern Date: 11/5/04