

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

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

FOR OGCC USE ONLY

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COGCC



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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: <u>47120</u>			4. Contact Name & Phone Elaine Winick		Complete the Attachment Checklist	
2. Name of Operator: <u>Kerr-McGee Rocky Mountain Corporation</u>			No: <u>970-330-0614</u>			
3. Address: <u>3939 Carson Avenue</u>			Fax: <u>970-330-0431</u>		Survey Plat	
City: <u>Evans</u>	State: <u>CO</u>	Zip: <u>80620</u>			Directional Survey	
5. API Number: <u>05-123-20301</u>			6. County: <u>Weld</u>		Surface Equipment Diagram	
7. Well Name: <u>HSR-FOSTER RIDGE</u>			Well Number: <u>8-27</u>		Technical Information Page	
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWNE Sec 27-T3N-R68W 6th P.M.</u>					Other	
Footage at Surface: <u>1565' FNL & 2229' FEL SW 9</u> . Was a directional survey run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
If directional, footage at Top of Prod. Zone: <u>1994' FNL & 639' FEL SENE</u>						
If directional, footage at Bottom Hole: <u>1994' FNL & 639' FEL SENE</u>						
10. Field Name: <u>Wattenberg</u>			Field Number: <u>90750</u>		15. Well Classification	
11. Federal, Indian or State Lease Number						
12. Spud Date <u>06/08/01</u>		13. Date TD Reached <u>06/19/01</u>		14. Date Completed or D&A <u>07/19/01</u>		
16. Total depth MD <u>7832'</u> TVD <u>7430'</u>		17. Plug Back Total depth MD <u>7769'</u> TVD <u>7367'</u>				<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas
18. Was a Mud Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. Elevations				<input type="checkbox"/> Coaled
** One copy of all electric and mud log runs must be submitted.**		GR <u>4928'</u> KB <u>4939'</u>				<input type="checkbox"/> Stratigraphic <input type="checkbox"/> Disposal
20. List Electric Logs Run: <u>PEAILC, PECNLD, PEM, CBL</u>						<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	588'	415	surface	588'		x
1st	7-7/8"	4-1/2"	11.6#	surface	7800'	200	6470'	7800'	x	
Stage Cement										
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					
Shannon					
Niobrara	7470'				
Fort Hays					
Codell	7660'				
D Sand					
J Sand					
Dakota					
TD	7832'				

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