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OGCC

DRILLING COMPLETION

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			4. Contact Name & Phone Elaine Winick		Complete the Attachment Checklist		
2. Name of Operator: Kerr-McGee Rocky Mountain Corporation			No: 970-330-0614		Oper OGCC		
3. Address: 3939 Carson Avenue			Fax: 970-330-0431		Survey Plat		
City: Evans State: CO Zip: 80620					Directional Survey		
5. API Number: 05-123-20427			6. County: Weld		Surface Equipment Diagram		
7. Well Name: HSR-SHARKEY			Well Number: 11-26		Technical Information Page		
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESE Sec 26-T4N-R67W 6th P.M.					Other		
Footage at Surface: 1980' FSL & 1800' FWL			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					15. Well Classification		
12. Spud Date: 07/24/01			13. Date TD Reached: 09/18/01		Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/>		
14. Date Completed or D&A: 10/09/01					Coated <input type="checkbox"/>		
16. Total depth: MD 7451' TVD			17. Plug Back Total depth: MD 7420' TVD		Stratigraphic <input type="checkbox"/> Disposal <input type="checkbox"/>		
18. Was a Mud Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			19. Elevations: GR 4738' KB 4742'		Enhanced Recovery <input type="checkbox"/>		
** One copy of all electric and mud log runs must be submitted. **					Gas Storage <input type="checkbox"/> Observation <input type="checkbox"/>		
20. List Electric Logs Run: PECN, CBL					Other: <input type="checkbox"/>		

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	735' 748'	505	surface	735' 748'		x
1st	6-1/2'	4-1/2"	11.6#	surface	7451'	200	5020'	7451'	x	
Stage Cement										
Stage Cement										
Stage Cement										
1st Liner										

FORMATION LOG INTERVALS and TEST ZONES

Formation	Measured Depth		Check if applies		*** All DST and Core analysis must be submitted to OGCC. *** Comments
	Top	Bottom	DST	Cored	
Sussex					
Shannon					
Niobrara	6853'				
Fort Hays					
Codell	7156'				
D Sand					
J Sand					
Dakota					
TD	7451'				

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: 01/28/02