

**State of Colorado
Oil and Gas Conservation Commission**
120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax (303)894-2100



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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: <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>		Oper	OGCC
City: <u>Evans</u>	State: <u>CO</u>	Zip: <u>80620</u>	Survey Plat		
5. API Number: <u>05-123-20453</u>		6. County: <u>Weld</u>		Directional Survey	
7. Well Name: <u>HSR-NYGREN</u>		Well Number: <u>3-19</u>		Surface Equipment Diagram	
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NENW Sec 19-T4N-R67W 6th P.M.</u>				Technical Information Page	
Footage at Surface: <u>747' FNL & 2026' FWL</u>		9. Was a directional survey run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other	
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>		15. Well Classification	
11. Federal, Indian or State Lease Number					
12. Spud Date: <u>07/08/01</u>		13. Date TD Reached: <u>08/28/01</u>		Dry <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input checked="" type="checkbox"/>	
14. Date Completed or D&A: <u>09/24/01</u>				Coated <input type="checkbox"/>	
16. Total depth		17. Plug Back Total depth		Stratigraphic <input type="checkbox"/> Disposal <input type="checkbox"/>	
MD <u>7423'</u>	TVD	MD <u>7371'</u>	TVD	Enhanced Recovery <input type="checkbox"/>	
18. Was a Mud Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. Elevations		Gas Storage <input type="checkbox"/> Observation <input type="checkbox"/>	
** One copy of all electric and mud log runs must be submitted.**		GR <u>4860'</u>	KB <u>4872'</u>	Other: <input type="checkbox"/>	
20. List Electric Logs Run: <u>CDCNGR, DIGLGR, CBL</u>					

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#	surface	719'	510	surface	719'		X
1st	8-3/4"	4-1/2"	11.6#	surface	7404'	200	5590'	7404'	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 COGCC. *** Comments
	Top	Bottom	DST	Cored	
Sussex					
Shannon					
Niobrara		6910'			
Fort Hays					
Codell		7228'			
D Sand					
J Sand					
Dakota					
TD		7423'			

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: 01/17/02