

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

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax (303)894-2109

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

APR 13 05

01400492



1. OGCC Operator Number: <u>47120</u>		4. Contact Name & Phone <u>Pai Tognoni</u>		Oper		OGCC	
2. Name of Operator: <u>Kerr-McGee Rocky Mountain Corporation</u>		No: <u>970-330-0614</u>		Survey Plat			
3. Address: <u>3939 Carson Avenue</u>		Fax: <u>970-330-0431</u>		Directional Survey			
City: <u>Evans</u>	State: <u>CO</u>	Zip: <u>80620</u>	Surface Equipment Diagram				
5. API Number: <u>05-123-21743</u>		6. County: <u>WELD</u>		Technical Information Page			
7. Well Name: <u>NELSON</u>		Well Number: <u>1-35A</u>		Other			
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NENE Sec 35-T2N -R68W</u>		9. Was a directional survey run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Footage at Surface: <u>665' FNL & 528' FEL</u>		If directional, footage at Top of Prod. Zone: _____					
If directional, footage at Bottom Hole: _____							
10. Field Name: <u>WATTENBERG</u>		Field Number: <u>90750</u>					
11. Federal, Indian or State Lease Number: _____							
12. Spud Date: <u>02/15/2005</u>		13. Date TD Reached: <u>02/22/2005</u>		14. Date Completed or D&A: <u>03/03/2005</u>			
16. Total depth: MD <u>8235</u> TVD <u>8235</u>		17. Plug Back Total depth: MD <u>8212</u> TVD <u>8212</u>		15. Well Classification			
18. Was a Mud Log Run? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Elevations: GR <u>4965</u> KB <u>4981</u>		<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas			
** One copy of all electric and mud log runs must be submitted.**				<input type="checkbox"/> Coalbed			
20. List Electric Logs Run: <u>CBL, GR, CDCN, DIGL</u>				<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	0	808	570	0	808		X
1st	7-7/8	4-1/2	11.6	0	8227	290	6746	8227	X	
					5303	300	3784	5300	X	
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	4458				
SHANNON	4988				
NIOBRARA	7368				
FT HAYS	7617				
CODELL	7639				
J SAND	8063				

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

Print Name Lindsey Stelmach
 Signed *Lindsey Stelmach* Title: Senior Operations Assistant Date: 04/14/05