

State of Colorado
Oil and Gas Conservation Commission

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

Complete the
Attachment Checklist

Oper	OGCC
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1. OGCC Operator Number: 47120		4. Contact Name & Phone Pat Tognoni		<div>Complete the</div> <div>Attachment Checklist</div>	
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: 05-123-21743		6. County: WELD		Surface Equipment Diagram	
7. Well Name: NELSON		Well Number: 1-35A		Technical Information Page	
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE Sec 35-T2N -R68W				Other	
Footage at Surface: 665' FNL & 528' FEL		9. Was a directional survey run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If directional, footage at Top of Prod. Zone:					
If directional, footage at Bottom Hole:					
10. Field Name: WATTENBERG		Field Number: 90750		15. Well Classification	
11. Federal, Indian or State Lease Number:					
12. Spud Date: 02/15/2005		13. Date TD Reached: 02/22/2005		14. Date Completed or D&A: 03/03/2005	
16. Total depth: MD 8235 TVD 8235		17. Plug Back Total depth: MD 8212 TVD 8212		<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas	
18. Was a Mud Log Run? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Elevations: GR 4965 KB 4981		<input type="checkbox"/> Coalbed <input type="checkbox"/> Disposal	
20. List Electric Logs Run: CBL, GR, CDCN, DIGL				<input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery	
				<input type="checkbox"/> Gas Storage <input type="checkbox"/> Observation	
				<input type="checkbox"/> 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	
Stage Cement					5303	300	3784	5300	X	
Stage Cement										
Stage Cement										
1st Liner										

FORMATION LOG INTERVALS and TEST ZONES

[illegible]

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

Title: Senior Operations Assistant

Date: 04/14/05