



State of Colorado
Oil and Gas Conservation Commission

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

RECEIVED

NOV -9 04

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: 47120	4. Contact Name Phone Pat Tognoni
2. Name of Operator: Kerr-McGee Rocky Mountain Corporation	No: 970-330-0614
3. Address: 3939 Carson Avenue City: Evans State: CO Zip: 80620	Fax: 970-330-0431
5. API Number: 05-123-22249 Well Name: BOULTER	County: WELD Well Number: 17-34
8. Location (QtrQtr, Sec Twp, Rng, Meridian): SWNE 34 5N 65W 6 PM Footage at Surface: 1625' FNL 1600' 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	
11. Federal, Indian or State Lease Number:	
12. Spud Date: 07/08/2004 13. Date TD Reached: 07/14/2004 14. Date Completed or DA: 7/21/2004	
16. Total depth: M 7176 TVD 17. Plug Back Total depth: 7176 M 7134 TVD 7134	
18. Was a Mud Log Run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 19. Elevations: GR 4650 KB 4662	
** One copy of all electric and mud log runs must be submitted **	
20. List Electric Logs Run: CDL-CNL-IDL, CBL	

Complete the
Attachment Checklist

Oper OGCC

Survey Plat		
Directional Survey		
Surface Equip Diagram		
Technical Info Page		
Other		

15. Well Classification

<input checked="" type="checkbox"/> Dry	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Gas
<input type="checkbox"/> Coalbed		
<input type="checkbox"/> Stratigraphic	<input type="checkbox"/> Disposal	
<input type="checkbox"/> Enhanced Recovery		
<input type="checkbox"/> Gas Storage	<input type="checkbox"/> Observation	
<input type="checkbox"/> Other		

21

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	0	600 594	455	0	600	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PRODUCTI	7-7/8	4-1/2	11.6	0	7162	190	3336	4524	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRODUCTI	7-7/8	4-1/2	11.6	0	7162	100	4524	6078	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRODUCTI	7-7/8	4-1/2	11.6	0	7162	190	6078	7162	<input checked="" type="checkbox"/>	<input type="checkbox"/>

22.

FORMATION LOG INTERVALS and TEST ZONES

Formation	Measured Depth		Check if applies		Comments
	Top	Bottom	DS	Cored	
SUSSEX	4239		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6699		<input type="checkbox"/>	<input type="checkbox"/>	
FT HAYS	6990		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7014		<input type="checkbox"/>	<input type="checkbox"/>	

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: 11-4-04