FORM 5 Rev 02/08	State of Colorado Oil and Gas Conservation Commission	DE	ET	OE	ES

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

DRILLING COMPLETION REPORT

Document Number: 400275780

Date Received:

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion   ☐ Preliminary completion

1. OGCC Operator Number: 47120
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
   City: DENVER   State: CO   Zip: 80217-

4. Contact Name: Cindy Vue
   Phone: (720) 929-6832
   Fax: (720) 929-7832

5. API Number   05-123-12494-00
6. County: WELD
7. Well Name: NELSON-DARRAH   Well Number: 1
8. Location: QtrQtr: NWNE   Section: 12   Township: 4N   Range: 65W   Meridian: 6
   Footage at surface: Distance: 660 feet   Direction: FNL   Distance: 1980 feet   Direction: FEL
   As Drilled Latitude: 40.331861   As Drilled Longitude: -104.608894

GPS Data:
   Data of Measurement: 02/24/2009   PDOP Reading: 2.5   GPS Instrument Operator's Name: Cody Mattson

   ** If directional footage at Top of Prod. Zone   Dist.: ____ feet. Direction: ____   Dist.: ____ feet. Direction: ____
   Sec: ____   Twp: ____   Rng: ____
   ** If directional footage at Bottom Hole   Dist.: ____ feet. Direction: ____   Dist.: ____ feet. Direction: ____
   Sec: ____   Twp: ____   Rng: ____

9. Field Name: WATTENBERG   10. Field Number: 90750
11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/12/1985   13. Date TD: 07/18/1985   14. Date Casing Set or D&A: 08/21/1985

15. Well Classification:
☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth   MD 7230   TVD** _____   17 Plug Back Total Depth   MD 7176   TVD** _____

18. Elevations   GR 4754   KB 4766 | One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
CBL run 2/16/12, 2/21/12

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24#	0	406	225	12	406	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,231	220	6,425	7,231	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	4,670	200	4,200	4,690
	1ST	1,990	200	1,920	1,990
SQUEEZE	1ST	4,460	190	3,970	4,460
	1ST	4,170	190	1,324	1,960

Details of work:

2/28/07 -Perf @ 4670' and squeeze 200 sx cmt from 4200-4690 (refer to Well Logs doc 1407581 on COGCC website)
2/28/07 -squeezed 200 sx cmt from 1920-1990 (refer to Well Logs doc 1407581 on COGCC website)
2/07/12 -Perf @ 4460' & 4156' and squeeze 190 sx cmt from 3970-4460
2/10/12 -squeezed 190 sx cmt from 1324-1960

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	4,420		☐	☐	
NIOBRARA	6,804		☐	☐	
FORT HAYS	7,092		☐	☐	
CODELL	7,118		☐	☐	

Comment:

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

Signed: _____   Print Name: Cindy Vue

Title: Regulatory Analyst II   Date: _____   Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?

Attachment Checklist

Att Doc Num	Document Name	attached ?			
400275800	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
	Directional Survey **	Yes	☐	No	☒
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☒	No	☐
	Other	Yes	☐	No	☒

Other Attachments

Att Doc Num	Document Name	attached ?			
400275795	TIF-CBL 1ST RUN	Yes	☒	No	☐
400275803	WELLBORE DIAGRAM	Yes	☒	No	☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)