

**FORM
5**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400136794

DRILLING COMPLETION REPORT

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 4. Contact Name: Cindy Vue
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
3. Address: P O BOX 173779 Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31652-00 6. County: WELD
7. Well Name: WINTERS Well Number: 33-3
8. Location: QtrQtr: NWSW Section: 3 Township: 5N Range: 65W Meridian: 6
Footage at surface: Distance: 1727 feet Direction: FSL Distance: 499 feet Direction: FWL
As Drilled Latitude: 40.425787 As Drilled Longitude: -104.657105

GPS Data:

Data of Measurement: 01/31/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: Renee Doiron

** If directional footage

at Top of Prod. Zone Distance: 1291 feet Direction: FSL Distance: 48 feet Direction: FWL
Sec: 3 Twp: 5N Rng: 65W
at Bottom Hole Distance: 1306 feet Direction: FSL Distance: 50 feet Direction: FWL
Sec: 3 Twp: 5N Rng: 65W

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) 01/25/2011 13. Date TD: 01/28/2011 14. Date Casing Set or D&A: 01/29/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7276 TVD 7192 17 Plug Back Total Depth MD 7225 TVD 714118. Elevations GR 4632 KB 4648

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:

PRELIMINARY FORM 5

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	550	390	0	550	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,259	925	0	7,259	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
GREELEY SAND	2,611		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,629		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,340		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,923		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,766		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,048		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,089		<input type="checkbox"/>	<input type="checkbox"/>	

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	Name
400136808	CEMENT JOB SUMMARY
400136809	DIRECTIONAL SURVEY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)