

FORM
5

Rev
02/08

State 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:
400175978

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-

5. API Number 05-123-32775-00 6. County: WELD
 7. Well Name: SEKICH Well Number: 12A-19
 8. Location: QtrQtr: SWSE Section: 19 Township: 3N Range: 67W Meridian: 6
 Footage at surface: Distance: 243 feet Direction: FSL Distance: 2145 feet Direction: FEL
 As Drilled Latitude: 40.205016 As Drilled Longitude: -104.930961

GPS Data:

Data of Measurement: 06/09/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 1994 feet. Direction: FSL Dist.: 723 feet. Direction: FWL
 Sec: 19 Twp: 3N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1991 feet. Direction: FSL Dist.: 726 feet. Direction: FWL
 Sec: 19 Twp: 3N Rng: 67W

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) 04/08/2011 13. Date TD: 04/10/2011 14. Date Casing Set or D&A: 04/11/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8575 TVD** 7814 17 Plug Back Total Depth MD 8537 TVD** 7776

18. Elevations GR 4907 KB 4922

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
RAN OPEN HOLE COMBO TOOL TO 1880' MIS-RUN.

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

ADDITIONAL CEMENT

Cement work date: 04/11/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,536	686	710	5,536

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	
PARKMAN	4,009		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,503		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,100		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,696		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,963		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,979		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,409		<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: 6/16/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)