

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

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



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Document Number:

400463488

Date Received:

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: Katie Kistner
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 9294317
 3. Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-36721-00 6. County: WELD
 7. Well Name: CROWDER Well Number: 15N-18HZ
 8. Location: QtrQtr: NENE Section: 18 Township: 2N Range: 65W Meridian: 6
 Footage at surface: Distance: 253 feet Direction: FNL Distance: 1168 feet Direction: FEL
 As Drilled Latitude: 40.145255 As Drilled Longitude: -104.701459

GPS Data:

Data of Measurement: 05/13/2013 PDOP Reading: 1.5 GPS Instrument Operator's Name: Renee Doiron** If directional footage at Top of Prod. Zone Dist.: 734 feet. Direction: FNL Dist.: 2212 feet. Direction: FELSec: 18 Twp: 2N Rng: 65W** If directional footage at Bottom Hole Dist.: 760 feet. Direction: FSL Dist.: 2230 feet. Direction: FELSec: 18 Twp: 2N Rng: 65W9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 02/22/2013 13. Date TD: 05/07/2013 14. Date Casing Set or D&A: 05/08/2013

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation
16. Total Depth MD 11538 TVD** 7205 17 Plug Back Total Depth MD 11513 TVD** 720418. Elevations GR 4958 KB 4983

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,GR,RES,MUD

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	13+1/2	9+5/8	36	0	1,079	476	0	1,079	VISU
1ST	8+3/4	7	26	0	7,683	770	10	7,683	CBL
1ST LINER	6+1/2	4+1/2	11.6	6672	11,523				CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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

Details of work:

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	
SHARON SPRINGS	7,164		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,251		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted.

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

Signed: _____

Print Name: Katie KistnerTitle: Regulatory Analyst

Date: _____

Email: katie.kistner@anadarko.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400463503	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400463504	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400463495	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400463496	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400463497	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400463498	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400463499	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400463500	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400463501	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400463502	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400473681	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)