

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



DE ET OE ES

Document Number:

400493092

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 05-123-36902-00 6. County: WELD
7. Well Name: UNDERHILL Well Number: 27C-17HZ
8. Location: QtrQtr: SESE Section: 17 Township: 1N Range: 67W Meridian: 6
Footage at surface: Distance: 878 feet Direction: FSL Distance: 992 feet Direction: FEL
As Drilled Latitude: 40.046194 As Drilled Longitude: -104.908602

GPS Data:

Data of Measurement: 06/18/2013 PDOP Reading: 1.6 GPS Instrument Operator's Name: Renee Doiron** If directional footage at Top of Prod. Zone Dist.: 603 feet. Direction: FSL Dist.: 969 feet. Direction: FELSec: 17 Twp: 1N Rng: 67W** If directional footage at Bottom Hole Dist.: 487 feet. Direction: FNL Dist.: 958 feet. Direction: FELSec: 17 Twp: 1N Rng: 67W9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/31/2013 13. Date TD: 08/10/2013 14. Date Casing Set or D&A: 08/11/2013

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 12362 TVD** 7783 17 Plug Back Total Depth MD 12343 TVD** 778318. Elevations GR 5103 KB 5119

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	929	379	0	929	VISU
1ST	8+3/4	7	26	0	8,162	825	46	8,162	CBL
1ST LINER	6+1/8	4+1/2	11.6	7142	12,352				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	7,448		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,480		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,000		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,097		<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>					
400493114	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400493804	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>					
400493103	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400493104	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400493107	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400493108	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400493109	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400493110	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400493111	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400493803	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)