

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:

400502509

Date Received:

11/06/2013

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 05-123-37670-00

6. County: WELD

7. Well Name: HENRICKSON FEDERAL

Well Number: 36C-18HZ

8. Location: QtrQtr: NESW Section: 7 Township: 3N Range: 66W Meridian: 6

Footage at surface: Distance: 1885 feet Direction: FSL Distance: 2078 feet Direction: FWL

As Drilled Latitude: 40.236995 As Drilled Longitude: -104.822445

GPS Data:

Data of Measurement: 09/30/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 1922 feet. Direction: FSL Dist.: 2499 feet. Direction: FWL

Sec: 7 Twp: 3N Rng: 66W

** If directional footage at Bottom Hole Dist.: 486 feet. Direction: FSL Dist.: 2497 feet. Direction: FWL

Sec: 18 Twp: 3N Rng: 66W

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) 08/19/2013 13. Date TD: 09/22/2013 14. Date Casing Set or D&A: 09/24/2013

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 14528 TVD** 7305 17 Plug Back Total Depth MD 14504 TVD** 7305

18. Elevations GR 4794 KB 4810

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	1,017	380	0	1,017	VISU
1ST	8+3/4	7	26	0	7,805	783	50	7,805	CBL
1ST LINER	6+1/8	4+1/2	11.6	6746	14,513				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	7,091		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,152		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,688		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	9,994		<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 Kistner

Title: Regulatory Analyst Date: 11/6/2013 Email: katie.kistner@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400508019	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400508010	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>					
400502509	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400502517	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400502532	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400502533	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400502538	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400502539	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400502543	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400502546	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400502547	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400502548	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400502549	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400508011	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

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

Total: 0 comment(s)