

FORM
5
Rev
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:
400543381

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 05-123-38352-00 6. County: WELD
 7. Well Name: WAGNER Well Number: 34N-34HZ
 8. Location: QtrQtr: NWNW Section: 34 Township: 1N Range: 67W Meridian: 6
 Footage at surface: Distance: 850 feet Direction: FNL Distance: 526 feet Direction: FWL
 As Drilled Latitude: 40.012494 As Drilled Longitude: -104.884152

GPS Data:
 Date of Measurement: 11/04/2013 PDOP Reading: 2.0 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 658 feet. Direction: FNL Dist.: 292 feet. Direction: FWL

Sec: 34 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 486 feet. Direction: FSL Dist.: 305 feet. Direction: FWL

Sec: 34 Twp: 1N 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) 10/30/2013 13. Date TD: 12/08/2013 14. Date Casing Set or D&A: 12/09/2013

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12098 TVD** 7600 17 Plug Back Total Depth MD 12073 TVD** 7601

18. Elevations GR 5060 KB 5076 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, 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	1,064	396	0	1,064	VISU
1ST	8+3/4	7	26	0	7,974	783	420	7,974	CBL
1ST LINER	6+1/8	4+1/2	11.6	7016	12,083				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	7,504		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,535		<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: _____ Email: katie.kistner@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400543995	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400543396	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>			
400543387	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543388	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543390	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543391	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543393	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543395	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400543398	PDF-CEMENT BOND	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)