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Document Number:
400573099

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 05-123-38334-00 6. County: WELD
 7. Well Name: BADDING Well Number: 1C-26HZX
 8. Location: QtrQtr: SESE Section: 26 Township: 2N Range: 66W Meridian: 6
 Footage at surface: Distance: 350 feet Direction: FSL Distance: 678 feet Direction: FEL
 As Drilled Latitude: 40.103006 As Drilled Longitude: -104.737296

GPS Data:
 Date of Measurement: 11/20/2013 PDOP Reading: 1.8 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 542 feet. Direction: FSL Dist.: 653 feet. Direction: FEL
 Sec: 26 Twp: 2N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 542 feet. Direction: FSL Dist.: 653 feet. Direction: FEL
 Sec: 26 Twp: 2N 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) 11/12/2013 13. Date TD: 02/27/2014 14. Date Casing Set or D&A: _____

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

16. Total Depth MD 7977 TVD** 7570 17 Plug Back Total Depth MD 6409 TVD** 6409

18. Elevations GR 5115 KB 5129 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:
THIS WELL WAS A SIDETRACK. ALL LOGS WILL BE SUBMITTED WITH FINAL FORM 5 "01".

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	1,325	495	0	1,325	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
NON CEMENT SQUEEZE	OPEN HOLE		245	6,409	6,960
Details of work:					
KICK-OFF PLUG					

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

THIS WELL WAS A SIDETRACK. ALL ATTACHMENTS AND LOGS WILL BE SUBMITTED WITH FINAL FORM 5 "01".

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>			
400576103	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400578055	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400578054	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)