

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:
400604613

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 05-123-38679-00 6. County: WELD
 7. Well Name: AGGREGATE STATE Well Number: 14N-W16HZ
 8. Location: QtrQtr: NESW Section: 9 Township: 2N Range: 66W Meridian: 6
 Footage at surface: Distance: 2389 feet Direction: FSL Distance: 2110 feet Direction: FWL
 As Drilled Latitude: 40.151924 As Drilled Longitude: -104.784135

GPS Data:
 Date of Measurement: 02/07/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 2028 feet. Direction: FSL Dist.: 1843 feet. Direction: FWL
 Sec: 9 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 485 feet. Direction: FSL Dist.: 2128 feet. Direction: FWL
 Sec: 16 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) 02/01/2014 13. Date TD: 03/05/2014 14. Date Casing Set or D&A: 03/06/2014

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

16. Total Depth MD 14456 TVD** 7278 17 Plug Back Total Depth MD 14352 TVD** 7274

18. Elevations GR 4911 KB 4927 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	1,034	386	0	1,034	VISU
1ST	8+3/4	7	26	0	7,628	770	60	7,628	CBL
1ST LINER	6+1/8	4+1/2	11.6	6577	14,446	420	6,577	14,446	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	
PARKMAN	4,060		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,413		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,086		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,194		<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 ?	
Attachment Checklist			
400605076	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400604654	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"/>
Other Attachments			
400604626	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400604640	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400604641	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400604642	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400604653	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)