

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:

400622085

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 05-123-38996-00

6. County: WELD

7. Well Name: NRC

Well Number: 1N-4HZ

8. Location: QtrQtr: SESE Section: 9 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 281 feet Direction: FSL Distance: 663 feet Direction: FEL

As Drilled Latitude: 40.059038 As Drilled Longitude: -104.888690

GPS Data:

Data of Measurement: 03/12/2014 PDOP Reading: 1.5 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 838 feet. Direction: FSL Dist.: 510 feet. Direction: FEL

Sec: 9 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 485 feet. Direction: FNL Dist.: 551 feet. Direction: FEL

Sec: 4 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) 03/09/2014 13. Date TD: 04/15/2014 14. Date Casing Set or D&A: 04/17/2014

15. Well Classification:

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

16. Total Depth MD 17149 TVD** 7509 17 Plug Back Total Depth MD 17091 TVD** 7508

18. Elevations GR 5046 KB 5062

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+1/9	5	36	0	1,067	381	0	1,067	VISU
1ST	8+3/4	7	26	0	7,810	810	45	7,810	CBL
1ST LINER	6+1/8	4+1/2	11.6	6829	17,139	700	6,829	17,139	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	
SUSSEX	4,729		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,392		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,450		<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>					
400622114	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400622111	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>					
400622093	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400622105	PDF-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400622107	LAS-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400622108	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400622110	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User GroupCommentComment Date

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Total: 0 comment(s)