

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:

400668398

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) 929-4317
3. Address: P O BOX 173779 Fax: _____
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-38338-00 6. County: WELD
7. Well Name: BADDING Well Number: 16N-35HZ
8. Location: QtrQtr: SESE Section: 26 Township: 2N Range: 66W Meridian: 6
Footage at surface: Distance: 350 feet Direction: FSL Distance: 600 feet Direction: FEL
As Drilled Latitude: 40.103012 As Drilled Longitude: -104.736976

GPS Data:

Date of Measurement: 11/21/2013 PDOP Reading: 3.7 GPS Instrument Operator's Name: Renee Doiron** If directional footage at Top of Prod. Zone Dist.: 11 feet. Direction: FSL Dist.: 512 feet. Direction: FELSec: 26 Twp: 2N Rng: 66W** If directional footage at Bottom Hole Dist.: 26 feet. Direction: FSL Dist.: 661 feet. Direction: FELSec: 35 Twp: 2N Rng: 66W9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 11/18/2013 13. Date TD: 02/03/2014 14. Date Casing Set or D&A: 02/05/2014

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 13191 TVD** 7406 17 Plug Back Total Depth MD 12710 TVD** 741418. Elevations GR 5116 KB 5130

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	1,331	496	0	1,331	VISU
1ST	8+3/4	7	26	0	7,865	800	56	7,865	CBL
1ST LINER	6+1/8	4+1/2	11.6	6353	12,721				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	4,680		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,297		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,377		<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>					
400668434	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400668431	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>					
400668414	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400668415	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400668417	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400668419	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400668430	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)