

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.

Document Number:
400655631

Date Received:

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 05-123-39396-00 6. County: WELD
 7. Well Name: BENSON FARMS Well Number: 25C-19HZ
 8. Location: QtrQtr: NWSW Section: 24 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 2165 feet Direction: FSL Distance: 51 feet Direction: FWL
 As Drilled Latitude: 40.210309 As Drilled Longitude: -104.960556

GPS Data:
Date of Measurement: 08/04/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: Ryan Scheuerman

** If directional footage at Top of Prod. Zone Dist.: 2356 feet. Direction: FSL Dist.: 528 feet. Direction: FWL
 Sec: 24 Twp: 3N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 2498 feet. Direction: FSL Dist.: 2071 feet. Direction: FWL
 Sec: 19 Twp: 3N Rng: 68W

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) 06/02/2014 13. Date TD: 07/29/2014 14. Date Casing Set or D&A: 07/30/2014

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

16. Total Depth MD 14544 TVD** 7287 17 Plug Back Total Depth MD 14487 TVD** 7287

18. Elevations GR 4957 KB 4957 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	1,236	459	0	1,236	VISU
1ST	8+3/4	7	26	0	7,694	690	160	7,694	CBL
1ST LINER	6+1/8	4+1/2	11.6	6640	14,534	530	6,640	14,534	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	4,159		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,022		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,110		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,478		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,587		<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>			
400662604	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400655639	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>			
400655635	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400655636	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400655637	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400658524	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400672963	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)