

**FORM**  
**5**  
Rev  
09/14

**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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| DE | ET | OE | ES |
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Document Number:  
400695121

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

OGCC Operator Number: 47120 Contact Name: Kayla Hesseltnie  
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6552  
 Address: P O BOX 173779 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80217-

API Number 05-123-37863-00 County: WELD  
 Well Name: HOWARD Well Number: 6N-29HZ  
 Location: QtrQtr: SENW Section: 32 Township: 1N Range: 67W Meridian: 6  
 Footage at surface: Distance: 2439 feet Direction: FNL Distance: 1805 feet Direction: FWL  
 As Drilled Latitude: 40.008140 As Drilled Longitude: -104.917307

GPS Data:  
 Date of Measurement: 06/24/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: Carli Sloan

\*\* If directional footage at Top of Prod. Zone Dist.: 2078 feet. Direction: FNL Dist.: 1471 feet. Direction: FWL  
 Sec: 32 Twp: 1N Rng: 67W  
 \*\* If directional footage at Bottom Hole Dist.: 2007 feet. Direction: FNL Dist.: 1388 feet. Direction: FWL  
 Sec: 29 Twp: 1N Rng: 67W

Field Name: WATTENBERG Field Number: 90750  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 06/18/2014 Date TD: 09/09/2014 Date Casing Set or D&A: 09/11/2014  
 Rig Release Date: 09/12/2014 Per Rule 308A.b.

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

Total Depth MD 13310 TVD\*\* 7621 Plug Back Total Depth MD 13263 TVD\*\* 7621

Elevations GR 5049 KB 5065 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, GR

**CASING, LINER AND CEMENT**

| 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             | 992           | 456       | 0       | 992     | VISU   |
| 1ST         | 8+3/4        | 7              | 26    | 0             | 7,957         | 785       | 182     | 7,957   | CBL    |
| 1ST LINER   | 8+3/4        | 4+1/2          | 11.6  | 7034          | 13,302        | 550       | 7,181   | 13,302  | 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:

## FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth |        | Check if applies |       | COMMENTS (All DST and Core Analysis must be submitted to COGCC) |
|----------------|----------------|--------|------------------|-------|---|
|                | Top            | Bottom | DST              | Cored |   |
| SUSSEX         | 4,842          |        |                  |       |   |
| SHARON SPRINGS | 7,453          |        |                  |       |   |
| NIOBRARA       | 7,478          |        |                  |       |   |

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: Kayla Hesseltine

Title: Regulatory Specialist

Date: \_\_\_\_\_

Email: kayla.hesseltine@anadarko.com

### Attachment Check List

| Att Doc Num                 | Document Name                          | attached ?                              |  |
|-----------------------------|--|---|--|
| <b>Attachment Checklist</b> |  |   |  |
| 400724196                   | CMT Summary *                          | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis                          | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400695130                   | 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"/> |
| <b>Other Attachments</b>    |  |   |  |
| 400695129                   | DIRECTIONAL DATA                       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400696883                   | PDF-CEMENT BOND                        | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400701716                   | LAS-MEASUREMENT/LOGGING WHILE DRILLING | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400701718                   | PDF-MEASUREMENT/LOGGING WHILE DRILLING | 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)