

FORM
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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



Document Number:

400542917

Date Received:

02/04/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 47120 Contact Name: Katie Kistner
Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 9294317
Address: P O BOX 173779 Fax:
City: DENVER State: CO Zip: 80217-

API Number 05-123-38258-00 County: WELD
Well Name: CLINE Well Number: 27N-2HZ
Location: QtrQtr: SESE Section: 2 Township: 2N Range: 67W Meridian: 6
Footage at surface: Distance: 464 feet Direction: FSL Distance: 430 feet Direction: FEL
As Drilled Latitude: 40.161009 As Drilled Longitude: -104.849974

GPS Data:
Date of Measurement: 11/04/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 701 feet Direction: FSL Dist.: 1104 feet Direction: FEL
Sec: 2 Twp: 2N Rng: 67W

** If directional footage at Bottom Hole Dist.: 485 feet Direction: FNL Dist.: 1129 feet Direction: FEL
Sec: 2 Twp: 2N Rng: 67W

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

Spud Date: (when the 1st bit hit the dirt) 10/28/2013 Date TD: 12/07/2013 Date Casing Set or D&A: 12/09/2013
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 11730 TVD** 7168 Plug Back Total Depth MD 11705 TVD** 7169

Elevations GR 4853 KB 4878 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, GR, MUD

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	1,028	397	0	1,028	VISU
1ST	8+3/4	7	26	0	7,616	770	1,416	7,616	CBL
1ST LINER	6+1/8	4+1/2	11.6	6570	11,715				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	
SHARON SPRINGS	7,192				
NIOBRARA	7,330				

Operator Comments

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: 2/4/2014

Email: katie.kistner@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400543988	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400549904	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			
400542917	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400542928	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400542933	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400542934	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400542936	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400542941	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400542942	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400542944	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400542946	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400549902	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft per operator's request.	11/5/2014 8:04:24 AM

Total: 1 comment(s)