

FORM
5Rev
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



DE ET OE ES

Document Number:

400563055

Date Received:

03/04/2014

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: 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 05-123-38260-00

County: WELD

Well Name: CLINE

Well Number: 26C-2HZ

Location: QtrQtr: SESE Section: 2 Township: 2N Range: 67W Meridian: 6

Footage at surface: Distance: 464 feet Direction: FSL Distance: 370 feet Direction: FEL

As Drilled Latitude: 40.161011 As Drilled Longitude: -104.849760

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.: 610 feet. Direction: FSL Dist.: 219 feet. Direction: FEL

Sec: 2 Twp: 2N Rng: 67W

** If directional footage at Bottom Hole Dist.: 508 feet. Direction: FNL Dist.: 228 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) 10/25/2013 Date TD: 12/25/2013 Date Casing Set or D&A: 12/26/2013

Rig Release Date: Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11924 TVD** 7382 Plug Back Total Depth MD 11898 TVD** 7381

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	1,037	383	0	1,037	VISU
1ST	8+3/4	7	26	0	7,732	777	0	7,732	CBL
1ST LINER	6+1/8	4+1/2	11.6	6740	11,909				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	4,245				
SHARON SPRINGS	7,070				
NIOBRARA	7,167				
FORT HAYS	7,527				
CODELL	7,597				

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: 3/4/2014

Email: katie.kistner@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?
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Attachment Checklist

	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400725139	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Other Attachments

400563055	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400724086	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400725137	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 7:59:45 AM

Total: 1 comment(s)