

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



Document Number:

400494044

Date Received:

11/20/2013

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 05-123-37680-00 County: WELD  
Well Name: HOWARD Well Number: 29N-28HZ  
Location: QtrQtr: SESW Section: 28 Township: 1N Range: 67W Meridian: 6  
Footage at surface: Distance: 246 feet Direction: FSL Distance: 1852 feet Direction: FWL  
As Drilled Latitude: 40.015501 As Drilled Longitude: -104.898256

GPS Data:  
Date of Measurement: 10/07/2013 PDOP Reading: 2.0 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 659 feet Direction: FSL Dist.: 1423 feet Direction: FWL  
Sec: 28 Twp: 1N Rng: 67W  
\*\* If directional footage at Bottom Hole Dist.: 28 feet Direction: FNL Dist.: 1415 feet Direction: FWL  
Sec: 28 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) 08/06/2013 Date TD: 08/31/2013 Date Casing Set or D&A: 09/01/2013  
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 12483 TVD\*\* 7522 Plug Back Total Depth MD 12459 TVD\*\* 7522  
Elevations GR 5020 KB 5036 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:  
CBL, GR, RES, 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	1,023	384	0	1,023	VISU
1ST	8+3/4	7	26	0	7,889	925	1,466	7,889	CBL
1ST LINER	6+1/8	4+1/2	11.6	6928	12,468				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	4,816				
SHARON SPRINGS	7,406				
NIOBRARA	7,434				

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: 11/20/2013 Email: katie.kistner@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2114635	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400494904	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>			
400494044	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494058	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494059	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494060	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494061	MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494062	MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494063	MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494064	MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494903	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400515819	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Per operator the correct TDis 12483'. ok to pass.	5/15/2014 1:15:08 PM
Permit	ON HOLD: requesting confirmation of TD. form 5 12483' form 5A 14483'.	5/15/2014 11:52:50 AM
Permit	Received and attached Surface Cement Job Summary.	5/14/2014 10:00:42 AM
Engineer	requested surface CJS: they just submitted an invoice & # of sxs didn't match & unable to verify surface cmt returns.	5/12/2014 2:09:43 PM
Permit	per operator Sussex top at 4816'.	2/26/2014 9:52:06 AM
Permit	Per operator well will be completed ??? Requesting additional tops.	2/25/2014 2:46:17 PM

Total: 6 comment(s)