

**DRILLING COMPLETION REPORT**

Document Number:  
400740008

Date Received:

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: ILA BEALE  
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6408  
 Address: P O BOX 173779 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80217-

API Number 05-123-39145-00 County: WELD  
 Well Name: BURKHARDT Well Number: 35N-3HZ  
 Location: QtrQtr: NWNW Section: 3 Township: 1N Range: 66W Meridian: 6  
 Footage at surface: Distance: 420 feet Direction: FNL Distance: 1210 feet Direction: FWL  
 As Drilled Latitude: 40.086166 As Drilled Longitude: -104.768372

GPS Data:  
 Date of Measurement: 10/22/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: Carli Sloan

\*\* If directional footage at Top of Prod. Zone Dist.: 654 feet. Direction: FNL Dist.: 1139 feet. Direction: FWL  
 Sec: 3 Twp: 1N Rng: 66W  
 \*\* If directional footage at Bottom Hole Dist.: 486 feet. Direction: FSL Dist.: 1224 feet. Direction: FWL  
 Sec: 3 Twp: 1N Rng: 66W

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

Spud Date: (when the 1st bit hit the dirt) 09/01/2014 Date TD: 09/29/2014 Date Casing Set or D&A: 09/30/2014  
 Rig Release Date: 10/13/2014 Per Rule 308A.b.

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

Total Depth MD 11771 TVD\*\* 7356 Plug Back Total Depth MD 11747 TVD\*\* 7355  
 Elevations GR 5021 KB 5037 **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	1,628	623	0	1,628	VISU
1ST	8+3/4	7	26	0	7,719	675	38	7,719	CBL
1ST LINER	6+1/8	4+1/2	11.6	6795	11,756				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	4,618				
SHARON SPRINGS	7,204				
NIOBRARA	7,258				

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: ILA BEALE

Title: STAFF REG. SPECIALIST Date: \_\_\_\_\_ Email: rscdjpostdrill@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400740067	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400740063	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>			
400740030	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740048	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740054	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740058	DIRECTIONAL DATA	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)