| 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
DRILLING COMPLETION REPORT | DE | ET | OE | ES |
| | | Document Number:
400753133

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: REBECCA HEIM

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP   Phone: (720) 929-6361

Address: P O BOX 173779   Fax: (720) 929-7361

City: DENVER   State: CO   Zip: 80217-

API Number   05-123-23960-00   County: WELD

Well Name: EPICENTER   Well Number: 4-15

Location: QtrQtr: SWNE   Section: 4   Township: 5N   Range: 67W   Meridian: 6

Footage at surface: Distance: 1435 feet   Direction: FNL   Distance: 1264 feet   Direction: FEL

As Drilled Latitude: 40.432140   As Drilled Longitude: -104.892200

GPS Data:

Date of Measurement: 12/16/2014   PDOP Reading: 6.0   GPS Instrument Operator's Name: RH

** If directional footage at Top of Prod. Zone   Dist.: ___ feet. Direction: ___   Dist.: ___ feet. Direction: ___

Sec: ___   Twp: ___   Rng: ___

** If directional footage at Bottom Hole   Dist.: ___ feet. Direction: ___   Dist.: ___ feet. Direction: ___

Sec: ___   Twp: ___   Rng: ___

Field Name: WATTENBERG   Field Number: 90750

Federal, Indian or State Lease Number: ___

Spud Date: (when the 1st bit hit the dirt)   05/20/2007   Date TD: ___   Date Casing Set or D&A: ___

Rig Release Date: 05/24/2014   Per Rule 308A.b.

Well Classification:

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

Total Depth   MD 7300   TVD** ___   Plug Back Total Depth   MD 7276   TVD** ___

Elevations   GR 4812   KB 4824   **Digital Copies of ALL Logs must be Attached per Rule 308A** ☐

List Electric Logs Run:

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	12+1/4	8+5/8		0	1,225	450	0	1,225	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/30/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	1,600	110	1,100	1,600

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	

Comment:

FORM 5 FOR REMEDIAL CEMENT JOB.   "As Built" submitted via spreadsheet by Noble so date, PDOP and Operator Name are not available; however, Lat/Long are correct."

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____   Print Name: REBECCA HEIM

Title: SR. REGULATORY ANALYST   Date: _____   Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			

Attachment Checklist

Att Doc Num	Document Name		Yes		No
400753139	CMT Summary *		Yes	☒	No ☐
	Core Analysis		Yes ☐		No ☒
	Directional Survey **		Yes ☐		No ☒
	DST Analysis		Yes ☐		No ☒
	Logs		Yes ☒		No ☐
	Other		Yes ☐		No ☒

Other Attachments

400753136	OPERATIONS SUMMARY		Yes ☒		No ☐
400753138	WELLBORE DIAGRAM		Yes ☒		No ☐
400753141	PDF-CEMENT BOND		Yes ☒		No ☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)