

Document Number:
400755014

Date Received:

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: Kayla Hesseltnie
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6552
 Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217-

API Number 05-123-39460-00 County: WELD
 Well Name: JOHNSON Well Number: 2N-24HZ
 Location: QtrQtr: SWSE Section: 24 Township: 3N Range: 66W Meridian: 6
 Footage at surface: Distance: 653 feet Direction: FSL Distance: 2069 feet Direction: FEL
 As Drilled Latitude: 40.205337 As Drilled Longitude: -104.723160

GPS Data:
 Date of Measurement: 07/01/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Carli Sloan

** If directional footage at Top of Prod. Zone Dist.: 349 feet. Direction: FNL Dist.: 2271 feet. Direction: FEL
 Sec: 25 Twp: 3N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 2 feet. Direction: FNL Dist.: 2459 feet. Direction: FEL
 Sec: 24 Twp: 3N Rng: 66W

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

Spud Date: (when the 1st bit hit the dirt) 06/28/2014 Date TD: 10/26/2014 Date Casing Set or D&A: 10/27/2014
 Rig Release Date: 10/29/2014 Per Rule 308A.b.

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

Total Depth MD 13524 TVD** 7305 Plug Back Total Depth MD 13497 TVD** 7305
 Elevations GR 5038 KB 5051 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
GR, CBL

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	980	383	0	980	VISU
1ST	8+3/4	7	26	0	7,886	770	255	7,886	CBL
1ST LINER	6+1/8	4+1/2	11.6	6953	13,509				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	4,710				
SHARON SPRINGS	7,373				
NIOBRARA	7,452				

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: Kayla Hesseltine

Title: Regulatory Specialist

Date: _____

Email: kayla.hesseltine@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?
Attachment Checklist		
400757187	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400755031	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		
400755021	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400755022	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400755024	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400755030	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)