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:

400762101

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   05-123-15275-00   County: WELD

Well Name: HSR-CONLEY   Well Number: 11-36A

Location: QtrQtr: NESW   Section: 36   Township: 4N   Range: 66W   Meridian: 6

Footage at surface: Distance: 2006   feet   Direction: FSL   Distance: 2012   feet   Direction: FWL

As Drilled Latitude: 40.266800   As Drilled Longitude: -104.727461

GPS Data:

Date of Measurement: 10/02/2008   PDOP Reading: 2.1   GPS Instrument Operator's Name: Cody Mattson

** 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)   10/09/1991   Date TD: _____   Date Casing Set or D&A: _____

Rig Release Date: 10/13/1991   Per Rule 308A.b.

Well Classification:

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

Total Depth   MD   7937   TVD** _____   Plug Back Total Depth   MD   7906   TVD** _____

Elevations   GR   4834   KB   4844   **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	24	0	422	310	0	422	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/19/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST	4,900	290	3,892	5,010
	1ST	1,334	375	230	1,300

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

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				
400762112	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
	Directional Survey **	Yes	☐	No	☒
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☒	No	☐
	Other	Yes	☐	No	☒

Other Attachments

Att Doc Num	Document Name				
400762108	OPERATIONS SUMMARY	Yes	☒	No	☐
400762110	WELLBORE DIAGRAM	Yes	☒	No	☐
400762111	GYRO SURVEY	Yes	☒	No	☐
400762115	PDF-CBL 1ST RUN	Yes	☒	No	☐
400762118	PDF-CBL 2ND RUN	Yes	☒	No	☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)