

FORM
5Rev
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



DE ET OE ES

Document Number:

400771967

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: 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 05-123-39945-00

County: WELD

Well Name: COMO

Well Number: 34N-14HZ

Location: QtrQtr: SWNW Section: 11 Township: 1N Range: 68W Meridian: 6

Footage at surface: Distance: 1663 feet Direction: FNL Distance: 1204 feet Direction: FWL

As Drilled Latitude: 40.068481 As Drilled Longitude: -104.975666

GPS Data:

Date of Measurement: 09/22/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: Carli Sloan

** If directional footage at Top of Prod. Zone Dist.: 1987 feet. Direction: FNL Dist.: 213 feet. Direction: FWL

Sec: 11 Twp: 1N Rng: 68W

** If directional footage at Bottom Hole Dist.: 60 feet. Direction: FSL Dist.: 270 feet. Direction: FWL

Sec: 14 Twp: 1N Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/16/2014 Date TD: 11/08/2014 Date Casing Set or D&A: 11/10/2014

Rig Release Date: 12/17/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 16659 TVD** 7679 Plug Back Total Depth MD 16468 TVD** 7678

Elevations GR 5031 KB 5056

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	1,179	451	0	1,179	VISU
1ST	8+3/4	7	26	0	8,124	789	34	8,124	CBL
1ST LINER	6+1/8	4+1/2	11.6	6852	16,513	640	6,855	16,513	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	4,779				
SHARON SPRINGS	7,506				
NIOBRARA	7,576				

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 BEALETitle: STAFF REG. SPECIALIST Date: _____ Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400771994	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400771993	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>					
400771980	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400771989	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400771992	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400784707	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)