

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



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Document Number:
400770196

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 05-123-39964-00 County: WELD
 Well Name: DEJANE STATE Well Number: 27N-36HZ
 Location: QtrQtr: SWSE Section: 36 Township: 4N Range: 66W Meridian: 6
 Footage at surface: Distance: 776 feet Direction: FSL Distance: 1996 feet Direction: FEL
 As Drilled Latitude: 40.263563 As Drilled Longitude: -104.722787

GPS Data:
 Date of Measurement: 11/20/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: Carli Sloan

** If directional footage at Top of Prod. Zone Dist.: 298 feet. Direction: FNL Dist.: 1538 feet. Direction: FEL
 Sec: 36 Twp: 4N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 1867 feet. Direction: FNL Dist.: 1529 feet. Direction: FEL
 Sec: 36 Twp: 4N Rng: 66W

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

Spud Date: (when the 1st bit hit the dirt) 11/08/2014 Date TD: 12/08/2014 Date Casing Set or D&A: 12/08/2014
 Rig Release Date: 01/02/2015 Per Rule 308A.b.

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

Total Depth MD 11726 TVD** 7115 Plug Back Total Depth MD 11726 TVD** 7115

Elevations GR 4864 KB 4889 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
 THIS WELL WAS SIDETRACKED. LOGS WILL BE SUBMITTED WITH FORM 5 "01".

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	1,252	478	0	1,252	VISU
1ST	8+3/4	7	26	0	7,875	730	0	7,875	CBL

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	

Comment:

While drilling to 11,726' the driller discovered the well was building at rates that were not normal. During a 30' slide the inclination rose to 97.5 degrees which is outside of acceptable limits. Openhole sidetrack at 10,939'.

Attached is a diagram of the sidetrack. All other routine attachments will be with the Final Form 5 "01".

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 ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400793315	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400772314	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400793316	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)