

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400801624

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 05-123-40169-00 County: WELD
 Well Name: SUMMIT Well Number: 28C-29HZ
 Location: QtrQtr: SESW Section: 29 Township: 2N Range: 65W Meridian: 6
 Footage at surface: Distance: 395 feet Direction: FSL Distance: 1401 feet Direction: FWL
 As Drilled Latitude: 40.103323 As Drilled Longitude: -104.692142

GPS Data:
 Date of Measurement: 10/24/2014 PDOP Reading: 1.0 GPS Instrument Operator's Name: Carli Sloan

** If directional footage at Top of Prod. Zone Dist.: 717 feet. Direction: FSL Dist.: 2490 feet. Direction: FWL
 Sec: 29 Twp: 2N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 162 feet. Direction: FNL Dist.: 2480 feet. Direction: FWL
 Sec: 29 Twp: 2N Rng: 65W

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

Spud Date: (when the 1st bit hit the dirt) 10/04/2014 Date TD: 01/15/2015 Date Casing Set or D&A: 01/16/2015
 Rig Release Date: 02/03/2015 Per Rule 308A.b.

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

Total Depth MD 12416 TVD** 7316 Plug Back Total Depth MD 12364 TVD** 7317

Elevations GR 4939 KB 4955 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR, MUD

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	1,110	427	0	1,110	VISU
1ST	8+3/4	7	26	0	7,842	810	45	7,842	CBL
1ST LINER	6+1/8	4+1/2	11.6	6736	12,412	390	6,832	12,412	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	4,532				
SHARON SPRINGS	7,135				
NIOBRARA	7,191				
FORT HAYS	7,694				
CODELL	9,017				This is the depth at which the formation was first entered.

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted.

Per COA Open hole log has been run on Summit 29N-29HZ.

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			
400801660	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400801659	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			
400801650	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400801653	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400801657	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400801658	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400813537	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)