

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.

Document Number:
400814294

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 47120 Contact Name: Kayla Hesseltine

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 05-123-40624-00 County: WELD

Well Name: GREENLEAF Well Number: 27N-2HZ

Location: QtrQtr: SWSE Section: 2 Township: 2N Range: 65W Meridian: 6

Footage at surface: Distance: 452 feet Direction: FSL Distance: 1735 feet Direction: FEL

As Drilled Latitude: 40.161681 As Drilled Longitude: -104.627546

GPS Data:
Date of Measurement: 01/14/2015 PDOP Reading: 1.0 GPS Instrument Operator's Name: Carli Sloan

** If directional footage at Top of Prod. Zone Dist.: 222 feet. Direction: FSL Dist.: 1718 feet. Direction: FEL
Sec: 2 Twp: 2N Rng: 65W

** If directional footage at Bottom Hole Dist.: 487 feet. Direction: FNL Dist.: 1673 feet. Direction: FEL
Sec: 2 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) 12/24/2014 Date TD: 02/11/2015 Date Casing Set or D&A: 02/13/2015

Rig Release Date: 02/27/2015 Per Rule 308A.b.

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

Total Depth MD 11754 TVD** 6992 Plug Back Total Depth MD 11701 TVD** 6992

Elevations GR 4847 KB 4863 **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
CONDUCTOR	26	16	42.1	0	100	80	0	100	VISU
SURF	13+1/2	9+5/8	36	0	1,314	506	0	1,314	VISU
1ST	8+3/4	7	26	0	7,390	687	570	7,390	CBL
1ST LINER	6+1/8	4+1/2	11.6	6436	11,750	296	6,436	11,750	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	4,278				
SHARON SPRINGS	6,890				
NIOBRARA	6,965				

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			
400814311	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400814309	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			
400814300	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400814301	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400814302	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400814308	DIRECTIONAL DATA	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)