

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:

400822893

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: 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 05-123-39057-00

County: WELD

Well Name: BARCLAY

Well Number: 15N-26HZ

Location: QtrQtr: SWSE Section: 14 Township: 2N Range: 67W Meridian: 6

Footage at surface: Distance: 577 feet Direction: FSL Distance: 2223 feet Direction: FEL

As Drilled Latitude: 40.132407 As Drilled Longitude: -104.856545

GPS Data:

Date of Measurement: 12/09/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: Carli Sloan

** If directional footage at Top of Prod. Zone Dist.: 514 feet. Direction: FNL Dist.: 2297 feet. Direction: FEL

Sec: 23 Twp: 2N Rng: 67W

** If directional footage at Bottom Hole Dist.: 464 feet. Direction: FSL Dist.: 2315 feet. Direction: FEL

Sec: 26 Twp: 2N Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/02/2014 Date TD: 03/18/2015 Date Casing Set or D&A: 03/20/2015

Rig Release Date: 04/17/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17250 TVD** 7428 Plug Back Total Depth MD 17198 TVD** 7426

Elevations GR 4933 KB 4949 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	1,125	433	0	1,125	VISU
1ST	8+3/4	7	26	0	7,728	691	40	7,728	CBL
1ST LINER	6+1/8	4+1/2	11.6	6721	17,246	560	6,721	17,246	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	4,666				
SHARON SPRINGS	7,252				
NIOBRARA	7,351				

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 ?			
<u>Attachment Checklist</u>					
400822905	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400822904	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>					
400822901	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400822902	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400822903	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400852096	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)