

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:

400826633

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 05-123-41006-00

County: WELD

Well Name: MILK

Well Number: 36C-28HZ

Location: QtrQtr: SESW Section: 21 Township: 3N Range: 65W Meridian: 6

Footage at surface: Distance: 475 feet Direction: FSL Distance: 1936 feet Direction: FWL

As Drilled Latitude: 40.204995 As Drilled Longitude: -104.670965

GPS Data:

Date of Measurement: 02/26/2015 PDOP Reading: 1.0 GPS Instrument Operator's Name: Carli Sloan

** If directional footage at Top of Prod. Zone Dist.: 74 feet. Direction: FNL Dist.: 2534 feet. Direction: FWL

Sec: 28 Twp: 3N Rng: 65W

** If directional footage at Bottom Hole Dist.: 51 feet. Direction: FSL Dist.: 2526 feet. Direction: FWL

Sec: 28 Twp: 3N Rng: 65W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/23/2015 Date TD: 04/10/2015 Date Casing Set or D&A: 04/12/2015

Rig Release Date: 06/03/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 12703 TVD** 7163 Plug Back Total Depth MD 12644 TVD** 7163

Elevations GR 4837 KB 4850

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
CONDUCTOR	26	16	42.1	0	40	73	0	40	VISU
SURF	13+1/2	9+5/8	36	0	1,228	479	0	1,228	VISU
1ST	8+3/4	7	26	0	7,539	710	0	7,539	CBL
1ST LINER	6+1/8	4+1/2	11.6	6610	12,693	430	6,909	12,693	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	4,300				
SHARON SPRINGS	6,953				
NIOBRARA	7,021				
CODELL	8,005				This is the depth at which the formation was first drilled into
FORT HAYS	8,024				This is the depth at which the formation was first drilled into
CARLILE	10,958				This is the depth at which the formation was first drilled into

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>			
400844468	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400826641	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>			
400826639	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400865620	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400876753	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400876756	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400876757	PDF-MEASUREMENT/LOGGING WHILE DRILLING	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)