

DRILLING COMPLETION REPORT

Document Number:
400866776

Date Received:

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 05-123-41504-00 County: WELD
 Well Name: ENGLISH FARMS Well Number: 37N-8HZ
 Location: QtrQtr: NWNE Section: 8 Township: 1N Range: 65W Meridian: 6
 Footage at surface: Distance: 331 feet Direction: FNL Distance: 2152 feet Direction: FEL
 As Drilled Latitude: 40.072411 As Drilled Longitude: -104.686129

GPS Data:
 Date of Measurement: 08/03/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Sergio Del Carmen

** If directional footage at Top of Prod. Zone Dist.: 525 feet. Direction: FSL Dist.: 1514 feet. Direction: FEL
 Sec: 5 Twp: 1N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 490 feet. Direction: FSL Dist.: 1521 feet. Direction: FEL
 Sec: 8 Twp: 1N Rng: 65W

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

Spud Date: (when the 1st bit hit the dirt) 06/09/2015 Date TD: 06/19/2015 Date Casing Set or D&A: 06/20/2015
 Rig Release Date: 07/08/2015 Per Rule 308A.b.

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

Total Depth MD 13225 TVD** 7166 Plug Back Total Depth MD 13125 TVD** 7150
 Elevations GR 4949 KB 4965 **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	76	36	0	76	VISU
SURF	13+1/2	9+5/8	36	0	1,846	774	0	1,846	VISU
1ST	7+7/8	5+1/2	17	0	13,212	1,510	0	13,212	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	
SUSSEX	4,538				
SHARON SPRINGS	7,253				
NIOBRARA	7,293				

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			
400866787	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400866786	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			
400866779	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400866781	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400866785	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400890154	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)