

FORM
5Rev
10/14

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400860009

Date Received:

09/14/2015

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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- Email: kayla.hesseltine@anadarko.com

API Number 05-123-41346-00 County: WELD
 Well Name: JESTER Well Number: 41N-A14HZ
 Location: QtrQtr: SWNW Section: 15 Township: 3N Range: 67W Meridian: 6
 Footage at surface: Distance: 1350 feet Direction: FNL Distance: 265 feet Direction: FWL
 As Drilled Latitude: 40.229240 As Drilled Longitude: -104.885288

GPS Data:

Date of Measurement: 07/20/2015 PDOP Reading: 1.0 GPS Instrument Operator's Name: Sergio Del Carmen** If directional footage at Top of Prod. Zone Dist: 1495 feet Direction: FNL Dist: 649 feet Direction: FWLSec: 15 Twp: 3N Rng: 67W** If directional footage at Bottom Hole Dist: 1536 feet Direction: FNL Dist: 1 feet Direction: FELSec: 14 Twp: 3N Rng: 67WField Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/24/2015 Date TD: 06/21/2015 Date Casing Set or D&A: 06/23/2015Rig Release Date: 07/17/2015 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 17028 TVD** 7156 Plug Back Total Depth MD 16975 TVD** 7156Elevations GR 4793 KB 4813 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	73	52	0	73	VISU
SURF	13+1/2	9+5/8	36	0	832	338	0	832	VISU
1ST	8+3/4	7	26	0	7,227	650	36	7,227	CBL
1ST LINER	6+1/8	4+1/2	11.6	6277	17,023	870	6,277	17,023	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	4,015				
SHARON SPRINGS	6,832				
NIOBRARA	6,906				

Operator Comments:

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: 9/14/2015 Email: kayla.hesseltine@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
-------------	---------------	------------	--

Attachment Checklist

400860052	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400860021	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

400860015	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400860017	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400860018	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400896738	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)