

FORM
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Rev
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



Document Number:

400632079

Date Received:

06/30/2014

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 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: Katie Kistner
Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 9294317
Address: P O BOX 173779 Fax:
City: DENVER State: CO Zip: 80217-

API Number 05-123-39081-00 County: WELD
Well Name: ELLIOTT STATE Well Number: 40C-17HZ
Location: QtrQtr: SWNW Section: 17 Township: 3N Range: 67W Meridian: 6
Footage at surface: Distance: 1546 feet Direction: FNL Distance: 779 feet Direction: FWL
As Drilled Latitude: 40.228905 As Drilled Longitude: -104.920474

GPS Data:
Date of Measurement: 04/07/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 2278 feet Direction: FNL Dist.: 252 feet. Direction: FWL
Sec: 17 Twp: 3N Rng: 67W
** If directional footage at Bottom Hole Dist.: 2366 feet Direction: FNL Dist.: 74 feet. Direction: FEL
Sec: 17 Twp: 3N Rng: 67W

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

Spud Date: (when the 1st bit hit the dirt) 04/02/2014 Date TD: 05/11/2014 Date Casing Set or D&A: 05/12/2014
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 12573 TVD** 7135 Plug Back Total Depth MD 12573 TVD** 7135

Elevations GR 4813 KB 4827 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
SURF	13+1/2	9+5/8	36	0	1,251	465	0	1,251	VISU
1ST	8+3/4	7	26	0	7,700	780	134	7,700	CBL
1ST LINER	6+1/8	4+1/2	11.6	6691	12,558				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	4,096				
SHARON SPRINGS	7,009				
NIOBRARA	7,075				
FORT HAYS	7,617				
CODELL	7,737				

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: Katie Kistner

Title: Regulatory Analyst Date: 6/30/2014 Email: katie.kistner@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400634114	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400632100	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>			
400632079	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400632084	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400632093	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400632094	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400632095	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400632099	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	PBTD adjusted to match TD; liner not cemented.	10/19/2015 8:54:33 AM

Total: 1 comment(s)