

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:

400639101

Date Received:

07/08/2014

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 05-123-39044-00 County: WELD
Well Name: LANSDOWN STATE Well Number: 29N-21HZ
Location: QtrQtr: SWSW Section: 21 Township: 2N Range: 66W Meridian: 6
Footage at surface: Distance: 917 feet Direction: FSL Distance: 652 feet Direction: FWL
As Drilled Latitude: 40.118872 As Drilled Longitude: -104.789372

GPS Data:
Date of Measurement: 04/01/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 746 feet Direction: FSL Dist.: 1147 feet Direction: FWL
Sec: 21 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 26 feet Direction: FNL Dist.: 1137 feet Direction: FWL
Sec: 21 Twp: 2N Rng: 66W

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

Spud Date: (when the 1st bit hit the dirt) 03/25/2014 Date TD: 05/02/2014 Date Casing Set or D&A: 05/04/2014
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 12324 TVD** 7287 Plug Back Total Depth MD 12324 TVD** 7287

Elevations GR 4935 KB 4951 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	1,233	480	0	1,233	VISU
1ST	8+3/4	7	26	0	7,806	785	320	7,806	CBL
1ST LINER	6+1/8	4+1/2	11.6	6764	12,314				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	4,650				
SHARON SPRINGS	7,268				
NIOBRARA	7,369				

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: 7/8/2014 Email: katie.kistner@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400639113	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400639111	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>			
400639101	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400639104	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400639106	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400639107	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400639108	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400639109	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 11:51:46 AM

Total: 1 comment(s)