

FORM  
5Rev  
09/14State 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:

400915877

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 &amp; GAS ONSHORE LP

Phone: (720) 929-6552

Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

API Number 05-123-41341-00

County: WELD

Well Name: ICEMAN STATE

Well Number: 32N-B16HZ

Location: QtrQtr: SWNW Section: 15 Township: 3N Range: 67W Meridian: 6

Footage at surface: Distance: 1970 feet Direction: FNL Distance: 995 feet Direction: FWL

As Drilled Latitude: 40.227494 As Drilled Longitude: -104.882660

GPS Data:

Date of Measurement: 06/01/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Carli Sloan

\*\* If directional footage at Top of Prod. Zone Dist.: 2338 feet. Direction: FSL Dist.: 576 feet. Direction: FWL

Sec: 15 Twp: 3N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 2335 feet. Direction: FSL Dist.: 263 feet. Direction: FWL

Sec: 16 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) 05/27/2015 Date TD: 09/23/2015 Date Casing Set or D&amp;A: 09/24/2015

Rig Release Date: 09/30/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 13036 TVD\*\* 6893 Plug Back Total Depth MD 12929 TVD\*\* 6893

Elevations GR 4797 KB 4817 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            | 48        | 0       | 73      | VISU   |
| SURF        | 13+1/2       | 9+5/8          | 36    | 0             | 1,654         | 667       | 0       | 1,654   | VISU   |
| 1ST         | 8+1/2        | 5+1/2          | 17    | 0             | 13,022        | 1,850     | 116     | 13,022  | 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         | 4,085          |        |                  |       |   |
| SHARON SPRINGS | 7,081          |        |                  |       |   |
| NIOBRARA       | 7,189          |        |                  |       |   |

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> |  |            |                                     |    |                                     |
| 400915897                   | CMT Summary *                          | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis                          | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400915896                   | 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>    |  |            |                                     |    |                                     |
| 400915891                   | PDF-MEASUREMENT/LOGGING WHILE DRILLING | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400915893                   | LAS-MEASUREMENT/LOGGING WHILE DRILLING | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400915895                   | DIRECTIONAL DATA                       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400930753                   | PDF-CEMENT BOND                        | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

### General Comments

User Group

Comment

Comment Date

|  |  |  |
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|  |  |  |
|--|--|--|

Total: 0 comment(s)