

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.

Document Number:
400602771

Date Received:

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 05-123-36518-00 County: WELD

Well Name: BROTEMARKLE Well Number: 4C-13HZ

Location: QtrQtr: SESW Section: 13 Township: 3N Range: 66W Meridian: 6

Footage at surface: Distance: 294 feet Direction: FSL Distance: 1391 feet Direction: FWL

As Drilled Latitude: 40.218771 As Drilled Longitude: -104.729756

GPS Data:
Date of Measurement: 01/15/2014 PDOP Reading: 2.3 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 638 feet. Direction: FSL Dist.: 168 feet. Direction: FWL
Sec: 13 Twp: 3N Rng: 66W

** If directional footage at Bottom Hole Dist.: 485 feet. Direction: FNL Dist.: 160 feet. Direction: FWL
Sec: 13 Twp: 3N Rng: 66W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/09/2014 Date TD: 03/10/2014 Date Casing Set or D&A: 03/12/2014

Rig Release Date: 03/29/2014 Per Rule 308A.b.

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

Total Depth MD 12100 TVD** 7471 Plug Back Total Depth MD 12075 TVD** 7471

Elevations GR 5024 KB 5040 **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	1,312	488	0	1,312	VISU
1ST	8+3/4	7	26	0	7,959	830	86	7,959	CBL
1ST LINER	6+1/8	4+1/2	11.6	7005	12,085				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	
PARKMAN	4,144				
SUSSEX	4,544				
SHARON SPRINGS	7,287				
NIOBRARA	7,348				
FORT HAYS	7,798				
CODELL	7,908				

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: Katie Kistner

Title: Regulatory Analyst

Date: _____

Email: katie.kistner@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400602817	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400602816	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			
400602804	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400602806	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400602807	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400602808	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400602815	DIRECTIONAL DATA	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)