

**DRILLING COMPLETION REPORT**

Document Number:  
400653959

Date Received:

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: Katie Kistner  
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-4317  
 Address: P O BOX 173779 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80217-

API Number 05-123-39188-00 County: WELD  
 Well Name: NRC Well Number: 30C-32HZ  
 Location: QtrQtr: NWNW Section: 8 Township: 1N Range: 67W Meridian: 6  
 Footage at surface: Distance: 667 feet Direction: FNL Distance: 575 feet Direction: FWL  
 As Drilled Latitude: 40.071060 As Drilled Longitude: -104.921861

GPS Data:  
 Date of Measurement: 06/12/2014 PDOP Reading: 1.3 GPS Instrument Operator's Name: Carli Sloan

\*\* If directional footage at Top of Prod. Zone Dist.: 57 feet. Direction: FSL Dist.: 92 feet. Direction: FWL  
 Sec: 5 Twp: 1N Rng: 67W  
 \*\* If directional footage at Bottom Hole Dist.: 7 feet. Direction: FNL Dist.: 52 feet. Direction: FWL  
 Sec: 32 Twp: 2N Rng: 67W

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

Spud Date: (when the 1st bit hit the dirt) 05/08/2014 Date TD: 07/20/2014 Date Casing Set or D&A: 07/22/2014  
 Rig Release Date: 07/24/2014 Per Rule 308A.b.

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

Total Depth MD 18805 TVD\*\* 7715 Plug Back Total Depth MD 18749 TVD\*\* 7714  
 Elevations GR 5063 KB 5079 **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	1,244	442	0	1,244	VISU
1ST	8+3/4	7	26	0	8,207	790	0	8,207	CBL
1ST LINER	6+1/8	4+1/2	11.6	6963	18,795	790	7,057	18,795	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	4,652				
SHARON SPRINGS	7,407				
NIOBRARA	7,464				
FORT HAYS	7,967				
CODELL	8,050				

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 ?	
<b>Attachment Checklist</b>			
400662589	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400653982	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"/>
<b>Other Attachments</b>			
400653978	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400658398	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400658399	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400658401	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400659056	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)