

Document Number:
400641862

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: 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 05-123-38911-00 County: WELD
 Well Name: BERRY FARMS Well Number: 30N-8HZ
 Location: QtrQtr: NENE Section: 8 Township: 3N Range: 67W Meridian: 6
 Footage at surface: Distance: 1307 feet Direction: FNL Distance: 300 feet Direction: FEL
 As Drilled Latitude: 40.244024 As Drilled Longitude: -104.905903

GPS Data:
 Date of Measurement: 04/10/2014 PDOP Reading: 1.7 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 335 feet. Direction: FNL Dist.: 561 feet. Direction: FEL
 Sec: 8 Twp: 3N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 347 feet. Direction: FNL Dist.: 485 feet. Direction: FWL
 Sec: 8 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) 04/06/2014 Date TD: 06/16/2014 Date Casing Set or D&A: 06/18/2014
 Rig Release Date: 06/19/2014 Per Rule 308A.b.

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

Total Depth MD 11400 TVD** 6931 Plug Back Total Depth MD 11400 TVD** 6931
 Elevations GR 4822 KB 4835 **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	817	335	0	817	VISU
1ST	8+3/4	7	26	0	7,384	770	440	7,384	CBL
1ST LINER	6+1/8	4+1/2	11.6	6445	11,385				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	4,224				
SHARON SPRINGS	7,008				
NIOBRARA	7,110				

Comment:

COA for Openhole log has been removed per Sundry-(Berry Farms 32N-8HZ, Doc # 400580748)
 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			
400660512	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400641888	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			
400641867	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400641875	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400641878	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400641879	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400641884	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)