

FORM
5
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



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Document Number:
400647634

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 05-123-39375-00 County: WELD
 Well Name: SICKLER Well Number: 28N-34HZ
 Location: QtrQtr: SWSE Section: 34 Township: 2N Range: 67W Meridian: 6
 Footage at surface: Distance: 327 feet Direction: FSL Distance: 1545 feet Direction: FEL
 As Drilled Latitude: 40.088406 As Drilled Longitude: -104.873194

GPS Data:
 Date of Measurement: 08/11/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: Ryan Scheuerman

** If directional footage at Top of Prod. Zone Dist.: 156 feet. Direction: FSL Dist.: 2422 feet. Direction: FEL
 Sec: 34 Twp: 2N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 50 feet. Direction: FNL Dist.: 2434 feet. Direction: FEL
 Sec: 34 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) 05/23/2014 Date TD: 06/17/2014 Date Casing Set or D&A: 06/18/2014
 Rig Release Date: 08/06/2014 Per Rule 308A.b.

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

Total Depth MD 13044 TVD** 7357 Plug Back Total Depth MD 13044 TVD** 7357

Elevations GR 4950 KB 4966 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL,GR, MUD, OH

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	1,296	502	0	1,296	VISU
1ST	8+3/4	7	26	0	7,957	800	0	7,957	CBL
1ST LINER	6+1/8	4+1/2	11.6	6901	13,029				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	4,592				
SHARON SPRINGS	7,457				
NIOBRARA	7,558				

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted. OHL has been run on Sickler 26C-34HZ

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			
400647663	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400647662	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			
400647646	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400647655	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400647657	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400647660	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400658185	PDF-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400658187	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400658214	PDF-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400668013	PDF-CEMENT BOND	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)