

FORM
5Rev
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



Document Number:

400641151

Date Received:

01/11/2016

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-123-36909-00

County: WELD

Well Name: MORNING FRESH

Well Number: 3N-15HZ

Location: QtrQtr: NENW Section: 22 Township: 3N Range: 66W Meridian: 6

Footage at surface: Distance: 456 feet Direction: FNL Distance: 1851 feet Direction: FWL

As Drilled Latitude: 40.216582 As Drilled Longitude: -104.766422

GPS Data:

Date of Measurement: 06/12/2014 PDOP Reading: 2.3 GPS Instrument Operator's Name: Carli Sloan

** If directional footage at Top of Prod. Zone Dist.: 4 feet Direction: FSL Dist.: 1367 feet Direction: FWL

Sec: 15 Twp: 3N Rng: 66W

** If directional footage at Bottom Hole Dist.: 486 feet Direction: FNL Dist.: 1336 feet Direction: FWL

Sec: 15 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) 05/15/2014 Date TD: 06/30/2014 Date Casing Set or D&A: 07/01/2014

Rig Release Date: 07/02/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 12318 TVD** 7204 Plug Back Total Depth MD 12318 TVD** 7204

Elevations GR 4885 KB 4898 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	997	395	0	997	VISU
1ST	8+3/4	7	26	0	7,551	770	23	7,551	CBL
1ST LINER	6+1/8	4+1/2	11.6	6573	12,303				

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	4,478				
SHARON SPRINGS	7,086				
NIOBRARA	7,170				

Operator Comments

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 KistnerTitle: Regulatory Analyst Date: 1/11/2016 Email: katie.kistner@anadarko.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400646175	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400641163	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>					
400641151	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400641159	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400641162	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400651706	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400651709	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400671090	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>
Permit	Pushed to draft, per operator's request for necessary changes/attachments.	12/31/2015 1:01:32 PM

Total: 1 comment(s)