

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



DE ET OE ES

Document Number:

400983709

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: DOREEN GREEN

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP

Phone: (435) 781-9758

Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

API Number 05-123-07842-00

County: WELD

Well Name: SUCKLA FARMS INC F UNIT

Well Number: 1

Location: QtrQtr: SWNE Section: 10 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 1650 feet Direction: FNL Distance: 1650 feet Direction: FEL

As Drilled Latitude: 40.068167 As Drilled Longitude: -104.873400

GPS Data:

Date of Measurement: 09/29/2009 PDOP Reading: 1.8 GPS Instrument Operator's Name: Cody Mattson

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/18/1973 Date TD: Date Casing Set or D&A:

Rig Release Date: 09/28/1973 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8306 TVD** Plug Back Total Depth MD 8227 TVD**

Elevations GR 5076 KB 5086 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

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 | 12+1/4 | 8+5/8 | 24 | 0 | 225 | 200 | 0 | 225 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 10.5 | 0 | 8,299 | 853 | 0 | 250 | |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/05/2016

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| SQUEEZE | 1ST | 5,112 | 50 | 5,100 | 5,112 |

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 | |
| | | | | | |

Comment:

VERBAL APPROVAL FOR SQUEEZE 01/05/2016, MARK SCHLAGENHAUF FOR CEMENT SQUEEZE.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: DOREEN GREEN

Title: REGULATORY ANALYST

Date: _____

Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400983735 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Directional Survey ** | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | DST Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Logs | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400983733 | Other | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 400983731 | PDF-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400983734 | OPERATIONS SUMMARY | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400984186 | WELLBORE DIAGRAM | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | | | | | |

General Comments

User Group Comment

Comment Date

| | | |
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Total: 0 comment(s)