State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

DRILLING COMPLETION REPORT

Document Number: 400998319

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   [X] 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   05-123-16697-00   County: WELD

Well Name: HSR-JENKINS   Well Number: 14-31

Location: QtrQtr: SESW   Section: 31   Township: 4N   Range: 66W   Meridian: 6

Footage at surface: Distance: 667   feet   Direction: FSL   Distance: 1776   feet   Direction: FWL

As Drilled Latitude: 40.262560   As Drilled Longitude: -104.823430

GPS Data:

Date of Measurement: 01/31/2006   PDOP Reading: 2.9   GPS Instrument Operator's Name: Chris Fisher

** 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: 60731

Spud Date: (when the 1st bit hit the dirt)   02/25/1993   Date TD: _____   Date Casing Set or D&A: _____

Rig Release Date: 03/02/1993   Per Rule 308A.b.

Well Classification:

[ ] Dry   [ ] Oil   [ ] Gas/Coalbed   [ ] Disposal   [ ] Stratigraphic   [ ] Enhanced Recovery   [ ] Storage   [ ] Observation

Total Depth   MD   7424   TVD** _____   Plug Back Total Depth   MD   7389   TVD** _____

Elevations   GR   4772   KB   4782   **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	436	310	0	310	CALC
1ST	7+7/8	4+1/2	11.6	0	7,408	545	4,196	7,408	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:	01/29/2016				
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	1,047	240	140	1,060

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:

HZ SAFETY PREP REMEDIAL CEMENT

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 ?			

Attachment Checklist

Att Doc Num	Document Name	Yes		No	
400998362	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
	Directional Survey **	Yes	☐	No	☒
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☒	No	☐
400998357	Other	Yes	☒	No	☐

Other Attachments

Att Doc Num	Document Name	Yes		No	
400998343	PDF-CEMENT BOND	Yes	☒	No	☐
400998359	WELLBORE DIAGRAM	Yes	☒	No	☐
400998360	OPERATIONS SUMMARY	Yes	☒	No	☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)