

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:
401022456

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: Jennifer Thomas
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6808
 Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217-

API Number 05-123-39208-00 County: WELD
 Well Name: RMF Well Number: 31N-15HZ
 Location: QtrQtr: NENE Section: 15 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 751 feet Direction: FNL Distance: 662 feet Direction: FEL
 As Drilled Latitude: 40.231388 As Drilled Longitude: -104.982075

GPS Data:
 Date of Measurement: 11/30/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Sergio Del Carmen

** If directional footage at Top of Prod. Zone Dist.: 1258 feet. Direction: FNL Dist.: 422 feet. Direction: FEL
 Sec: 15 Twp: 3N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 1172 feet. Direction: FNL Dist.: 461 feet. Direction: FWL
 Sec: 15 Twp: 3N Rng: 68W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 11/19/2015 Date TD: 02/19/2016 Date Casing Set or D&A: 02/20/2016
 Rig Release Date: 03/01/2016 Per Rule 308A.b.

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

Total Depth MD 12130 TVD** 7091 Plug Back Total Depth MD 12029 TVD** 7095

Elevations GR 4970 KB 4990 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR

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
CONDUCTOR	26	16	42.1	0	60	36	0	60	VISU
SURF	13+1/2	9+5/8	36	0	1,887	753	0	1,887	VISU
1ST	7+7/8	5+1/2	17	0	12,120	1,150	160	12,120	CBL

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	4,148				
SHARON SPRINGS	7,256				
NIOBRARA	7,412				

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted. Per Rule 371.p Exception, open hole resistivity logs have been run on the RMF 5N-15HZ well (API 0512339204).

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

Signed: _____

Print Name: Jennifer Thomas

Title: Regulatory Specialist

Date: _____

Email: jennifer.thomas@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401022535	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401022532	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			
401022474	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401022475	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401022477	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401022478	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401022527	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)