

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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| DE | ET | OE | ES |
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Document Number:
401095694

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: ILA BEALE
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6408
 Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217-

API Number 05-123-42141-00 County: WELD
 Well Name: COOK Well Number: 15C-28HZ
 Location: QtrQtr: SWSE Section: 16 Township: 2N Range: 65W Meridian: 6
 Footage at surface: Distance: 477 feet Direction: FSL Distance: 1895 feet Direction: FEL
 As Drilled Latitude: 40.132758 As Drilled Longitude: -104.666359

GPS Data:
 Date of Measurement: 10/13/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Sergio Del Carmen

** If directional footage at Top of Prod. Zone Dist.: 108 feet. Direction: FNL Dist.: 2048 feet. Direction: FEL
 Sec: 21 Twp: 2N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 85 feet. Direction: FSL Dist.: 2029 feet. Direction: FEL
 Sec: 28 Twp: 2N Rng: 65W

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

Spud Date: (when the 1st bit hit the dirt) 10/09/2015 Date TD: 11/28/2015 Date Casing Set or D&A: 11/29/2015
 Rig Release Date: 12/16/2015 Per Rule 308A.b.

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

Total Depth MD 18013 TVD** 7245 Plug Back Total Depth MD 17912 TVD** 7245

Elevations GR 4885 KB 4910 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, CNL

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 | 65 | 36 | 0 | 65 | VISU |
| SURF | 13+1/2 | 9+5/8 | 36 | 0 | 1,890 | 724 | 0 | 1,890 | VISU |
| 1ST | 8+1/2 | 5+1/2 | 17 | 0 | 18,003 | 2,570 | 25 | 18,003 | 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 | 4,521 | | | | |
| SHARON SPRINGS | 6,935 | | | | |
| NIOBRARA | 6,986 | | | | Due to faulting, we did not see the top of the formation. This is the depth at which we first entered the formation. |
| FORT HAYS | 7,383 | | | | |
| CODELL | 7,441 | | | | |
| CARLILE | 11,511 | | | | |

Comment:

Per Rule 317.p Exception, neutron logs have been run on the Cook 15C-28HZ well (API 05-123-42141).

CBL attached per Rule 502.b Variance for Rule 308A log submittal requirements. All other attachments and logs were included with the Preliminary Form 5, Doc # 400978604.

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

Signed: _____ Print Name: ILA BEALE

Title: STAFF REG. SPECIALIST Date: _____ Email: ila.beale@anadarko.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|------------------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| | CMT Summary * | Yes <input type="checkbox"/> | No <input checked="" 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"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | |
| 401101018 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401101022 | PDF-NEUTRON | 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)