

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:

401089056

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 &amp; GAS ONSHORE LP

Phone: (720) 929-6808

Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

API Number 05-123-42401-00

County: WELD

Well Name: LAND FED

Well Number: 30C-29HZ

Location: QtrQtr: NWNW Section: 32 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 1039 feet Direction: FNL Distance: 1319 feet Direction: FWL

As Drilled Latitude: 40.099028 As Drilled Longitude: -104.805844

## GPS Data:

Date of Measurement: 08/01/2016 PDOP Reading: 1.0 GPS Instrument Operator's Name: Carli Sloan

\*\* If directional footage at Top of Prod. Zone Dist.: 66 feet. Direction: FSL Dist.: 188 feet. Direction: FWL

Sec: 32 Twp: 2N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 12 feet. Direction: FNL Dist.: 75 feet. Direction: FWL

Sec: 29 Twp: 2N Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/14/2016 Date TD: 05/31/2016 Date Casing Set or D&amp;A: 05/31/2016

Rig Release Date: 07/17/2016 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 13230 TVD\*\* 7425 Plug Back Total Depth MD 13128 TVD\*\* 7423

Elevations GR 4899 KB 4919 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

GR, CBL

## 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	100	64	0	100	VISU
SURF	13+1/2	9+5/8	36	0	1,890	690	0	1,890	VISU
1ST	8+1/2	5+1/2	17	0	13,221	1,890	0	13,221	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	5,095				
SHARON SPRINGS	7,224				
NIOBRARA	7,292				
FORT HAYS	7,737				
CODELL	7,828				
CARLILE	8,236				

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted.  
Per Rule 317.p Exception, neutron logs have been run on the LAND FED 35C-32HZ well (API 05-123-42397).

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 ?	
<u>Attachment Checklist</u>			
401089089	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401089088	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>			
401089083	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401089084	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401089085	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401101549	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>

Total: 0 comment(s)