

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:

401115392

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 05-123-42302-00

County: WELD

Well Name: LAND

Well Number: 14C-32HZ

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

Footage at surface: Distance: 947 feet Direction: FNL Distance: 1765 feet Direction: FEL

As Drilled Latitude: 40.099277 As Drilled Longitude: -104.797941

GPS Data:

Date of Measurement: 08/23/2016 PDOP Reading: 2.0 GPS Instrument Operator's Name: Carli Sloan

** If directional footage at Top of Prod. Zone Dist.: 109 feet. Direction: FNL Dist.: 2936 feet. Direction: FEL

Sec: 32 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 58 feet. Direction: FSL Dist.: 2346 feet. Direction: FWL

Sec: 32 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) 07/20/2016 Date TD: 08/10/2016 Date Casing Set or D&A: 08/11/2016

Rig Release Date: 08/12/2016 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 13314 TVD** 7501 Plug Back Total Depth MD 13210 TVD** 7506

Elevations GR 4913 KB 4933

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL, LWD,

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	1,563	510	0	1,563	VISU
1ST	7+7/8	5+1/2	17	0	13,304	1,423	180	13,304	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	5,179				
SHARON SPRINGS	7,453				
FORT HAYS	8,041				
CODELL	8,842				
CARLILE	12,371				

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted.

Exception, neutron logs have been run on the Land 15C-32 HZ well (API 05-123-42304).

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>					
401115402	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401115401	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>					
401115398	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401115399	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401120750	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401120752	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)