

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:
401208991

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 05-123-41318-00 County: WELD
 Well Name: WILSON RANCH Well Number: 12C-27HZ
 Location: QtrQtr: NESE Section: 26 Township: 4N Range: 68W Meridian: 6
 Footage at surface: Distance: 1881 feet Direction: FSL Distance: 205 feet Direction: FEL
 As Drilled Latitude: 40.282536 As Drilled Longitude: -104.961457

GPS Data:
 Date of Measurement: 11/02/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Sergio Del Carmen

** If directional footage at Top of Prod. Zone Dist.: 2390 feet. Direction: FSL Dist.: 884 feet. Direction: FEL
 Sec: 26 Twp: 4N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 2349 feet. Direction: FSL Dist.: 477 feet. Direction: FWL
 Sec: 27 Twp: 4N Rng: 68W

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

Spud Date: (when the 1st bit hit the dirt) 11/06/2015 Date TD: 01/06/2016 Date Casing Set or D&A: 01/08/2016
 Rig Release Date: 02/04/2016 Per Rule 308A.b.

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

Total Depth MD 17114 TVD** 7413 Plug Back Total Depth MD 16998 TVD** 7413

Elevations GR 5041 KB 5061 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
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	60	28	0	60	VISU
SURF	13+1/2	9+5/8	36	0	1,861	715	0	1,861	VISU
1ST	8+1/2	5+1/2	17	0	17,090	1,810	34	17,090	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	4,302				
SHARON SPRINGS	7,105				
NIOBRARA	7,155				
FORT HAYS	7,645				
CODELL	7,745				
CARLILE	12,181				

Comment:

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 # 401005001.

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			
	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"/>
Other Attachments			
401209007	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401209011	PDF-CEMENT BOND	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>
		Stamp Upon Approval

Total: 0 comment(s)