

DRILLING COMPLETION REPORT

Document Number:
401208422

Date Received:

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 05-123-41314-00 County: WELD
 Well Name: WHISPER ROCK Well Number: 3C-25HZ
 Location: QtrQtr: NESE Section: 26 Township: 4N Range: 68W Meridian: 6
 Footage at surface: Distance: 1866 feet Direction: FSL Distance: 205 feet Direction: FEL
 As Drilled Latitude: 40.282495 As Drilled Longitude: -104.961458

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.: 2258 feet. Direction: FSL Dist.: 685 feet. Direction: FEL
 Sec: 26 Twp: 4N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 2283 feet. Direction: FSL Dist.: 486 feet. Direction: FEL
 Sec: 25 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) 11/07/2015 Date TD: 01/12/2016 Date Casing Set or D&A: 01/13/2016
 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 13463 TVD** 7404 Plug Back Total Depth MD 13350 TVD** 7401

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 | 1,852 | 711 | 0 | 1,852 | VISU |
| 1ST | 8+1/2 | 5+1/2 | 17 | 0 | 13,444 | 1,910 | 18 | 13,444 | 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 | 4,283 | | | | |
| SHARON SPRINGS | 7,218 | | | | |
| NIOBRARA | 7,268 | | | | |
| FORT HAYS | 7,754 | | | | |
| CODELL | 7,832 | | | | |
| CARLILE | 8,054 | | | | |

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 # 401010281.

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 | | | |
| 401208448 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401208454 | 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)