

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:

401238866

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 05-123-42614-00

County: WELD

Well Name: HIGHLANDS

Well Number: 38N-16HZ

Location: QtrQtr: NENE Section: 9 Township: 1N Range: 66W Meridian: 6

Footage at surface: Distance: 372 feet Direction: FNL Distance: 1037 feet Direction: FEL

As Drilled Latitude: 40.071994 As Drilled Longitude: -104.776460

GPS Data:

Date of Measurement: 10/13/2016 PDOP Reading: 1.4 GPS Instrument Operator's Name: Rob Wilson

** If directional footage at Top of Prod. Zone Dist.: 1393 feet. Direction: FNL Dist.: 103 feet. Direction: FEL

Sec: 9 Twp: 1N Rng: 66W

** If directional footage at Bottom Hole Dist.: 2606 feet. Direction: FNL Dist.: 87 feet. Direction: FEL

Sec: 16 Twp: 1N Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/14/2016 Date TD: 01/06/2017 Date Casing Set or D&A: 01/07/2017

Rig Release Date: 01/28/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 14370 TVD** 7320 Plug Back Total Depth MD 14266 TVD** 7321

Elevations GR 5000 KB 5026 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

GR, CBL

CNL RUN ON HIGHLANDS 26C-33HZ, API 05-123-42621

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	106	64	0	106	VISU
SURF	13+1/2	9+5/8	36	0	1,898	730	0	1,898	VISU
1ST	7+7/8	5+1/2	17	0	14,360	1,420	614	14,360	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	4,756				
SHARON SPRINGS	7,402				
NIOBRARA	7,460				

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted.
Per Rule 371.p Exception, compensated neutron logs have been run on the HIGHLANDS 26C-33HZ well (API 05-123-42621).

The top of productive zone provided is an estimate based on the landing point at 7884' MD.

Completion is estimated for Q2, 2017.

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>		
401238954	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401238951	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>		
401238913	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401238919	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401238937	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401238939	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401238943	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)