

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



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Document Number:

401231675

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 05-123-42606-00

County: WELD

Well Name: HIGHLANDS

Well Number: 37N-W16HZ

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

Footage at surface: Distance: 417 feet Direction: FNL Distance: 1038 feet Direction: FEL

As Drilled Latitude: 40.071871 As Drilled Longitude: -104.776461

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.: 1494 feet. Direction: FNL Dist.: 722 feet. Direction: FEL

Sec: 9 Twp: 1N Rng: 66W

** If directional footage at Bottom Hole Dist.: 2601 feet. Direction: FNL Dist.: 779 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) 12/16/2016 Date TD: 12/27/2016 Date Casing Set or D&A: 12/28/2016

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 14312 TVD** 7389 Plug Back Total Depth MD 14209 TVD** 7389

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	1,884	729	0	1,884	VISU
1ST	7+7/8	5+1/2	17	0	14,302	1,410	250	14,302	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	4,634				
SHARON SPRINGS	7,308				
NIOBRARA	7,337				

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 7930' 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>			
401232222	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401232220	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>			
401232155	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401232157	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401232159	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401232163	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401232184	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)