

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:

401232240

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 &amp; GAS ONSHORE LP

Phone: (720) 929-6808

Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

API Number 05-123-42616-00

County: WELD

Well Name: HIGHLANDS

Well Number: 26N-33HZ

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

Footage at surface: Distance: 297 feet Direction: FNL Distance: 1037 feet Direction: FEL

As Drilled Latitude: 40.072201 As Drilled Longitude: -104.776457

## 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.: 1075 feet. Direction: FNL Dist.: 330 feet. Direction: FEL

Sec: 9 Twp: 1N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 186 feet. Direction: FSL Dist.: 329 feet. Direction: FEL

Sec: 33 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) 12/11/2016 Date TD: 01/21/2017 Date Casing Set or D&amp;A: 01/22/2017

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 14590 TVD\*\* 7355 Plug Back Total Depth MD 14492 TVD\*\* 7355

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

## List Electric Logs Run:

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

## 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	1,904	742	0	1,904	VISU
1ST	7+7/8	5+1/2	17	0	14,584	1,450	26	14,584	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	4,880				
SHARON SPRINGS	7,508				
NIOBRARA	7,563				

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 7388' 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@andarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401232330	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401232327	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>		
401232307	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401232308	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401232310	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401232313	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401232320	PDF-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401232325	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)