

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:

401237528

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 05-123-42618-00

County: WELD

Well Name: HIGHLANDS

Well Number: 16C-16HZ

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

Footage at surface: Distance: 387 feet Direction: FNL Distance: 1037 feet Direction: FEL

As Drilled Latitude: 40.071954 As Drilled Longitude: -104.776462

## GPS Data:

Date of Measurement: 10/13/2016 PDOP Reading: 1.7 GPS Instrument Operator's Name: Rob Wilson

\*\* If directional footage at Top of Prod. Zone Dist.: 1374 feet. Direction: FNL Dist.: 401 feet. Direction: FEL

Sec: 9 Twp: 1N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 2605 feet. Direction: FNL Dist.: 379 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) 12/15/2016 Date TD: 01/01/2017 Date Casing Set or D&amp;A: 01/02/2017

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 14525 TVD\*\* 7545 Plug Back Total Depth MD 14421 TVD\*\* 7546

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

## List Electric Logs Run:

CBL, GR

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	1,888	731	0	1,888	VISU
1ST	7+7/8	5+1/2	17	0	14,514	1,440	1,032	14,514	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	4,679				
SHARON SPRINGS	7,294				
NIOBRARA	7,342				
FORT HAYS	7,716				
CODELL	8,065				
CARLILE	12,095				

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 8027' MD.

Completion 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>		
401237812	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401237809	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>		
401237766	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401237788	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401237789	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401237791	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401237805	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)