

**FORM**  
**5**  
Rev  
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:  
401275402

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 05-123-42454-00 County: WELD  
 Well Name: GUEST Well Number: 28N-25HZ  
 Location: QtrQtr: NESW Section: 13 Township: 2N Range: 65W Meridian: 6  
 Footage at surface: Distance: 2391 feet Direction: FSL Distance: 2027 feet Direction: FWL  
 As Drilled Latitude: 40.137755 As Drilled Longitude: -104.614319

GPS Data:  
 Date of Measurement: 02/02/2017 PDOP Reading: 1.5 GPS Instrument Operator's Name: ROB WILSON

\*\* If directional footage at Top of Prod. Zone Dist.: 2655 feet. Direction: FSL Dist.: 2149 feet. Direction: FWL  
 Sec: 13 Twp: 2N Rng: 65W  
 \*\* If directional footage at Bottom Hole Dist.: 866 feet. Direction: FNL Dist.: 2608 feet. Direction: FWL  
 Sec: 25 Twp: 2N Rng: 65W

Field Name: WATTENBERG Field Number: 90750  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 02/08/2017 Date TD: 02/26/2017 Date Casing Set or D&A: 02/27/2017  
 Rig Release Date: 03/29/2017 Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 16054 TVD\*\* 6985 Plug Back Total Depth MD 15949 TVD\*\* 6989

Elevations GR 4872 KB 4889 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
 CBL, GR 42455 CNL RUN ON GUEST 3C-25HZ, API 05-123-

**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	97	64	0	97	VISU
SURF	13+1/2	9+5/8	36	0	1,847	723	0	1,847	VISU
1ST	7+7/8	5+1/2	17	0	16,043	1,610	640	16,043	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	4,397				
SHARON SPRINGS	7,024				
NIOBRARA	7,137				

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 GUEST 3C-25HZ well (API 05-123-42455).

The top of productive zone provided is an estimate based on the landing point at 7431' MD.

Completion estimated for Q1, 2018.

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 ?	
<b>Attachment Checklist</b>			
401275462	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401275460	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"/>
<b>Other Attachments</b>			
401275439	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401275452	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401275454	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401275456	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401275459	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)