

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:

401276152

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 05-123-43024-00

County: WELD

Well Name: HOPPER STATE

Well Number: 24N-34SLHZ

Location: QtrQtr: NESE Section: 15 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 2361 feet Direction: FSL Distance: 1000 feet Direction: FEL

As Drilled Latitude: 40.137953 As Drilled Longitude: -104.983332

GPS Data:

Date of Measurement: 05/16/2017 PDOP Reading: 2.6 GPS Instrument Operator's Name: TRAVIS HOLLAND

** If directional footage at Top of Prod. Zone Dist.: 3045 feet. Direction: FSL Dist.: 1516 feet. Direction: FEL

Sec: 15 Twp: 2N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1127 feet. Direction: FSL Dist.: 1524 feet. Direction: FEL

Sec: 34 Twp: 3N Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/07/2017 Date TD: 03/06/2017 Date Casing Set or D&A: 03/09/2017

Rig Release Date: 04/01/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 21660 TVD** 7173 Plug Back Total Depth MD 21651 TVD** 7173

Elevations GR 4893 KB 4919

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL, GR, MIT
22HZ, API 05-123-43023

CNL RUN ON HOPPER 16C-

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	2,366	911	0	2,366	VISU
1ST	8+1/2	9+5/8	36	0	21,656	3,005	424	21,656	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	4,934				
SHARON SPRINGS	7,219				
NIOBRARA	7,389				

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 HOPPER 16C-22HZ well (API 05-123-43023).

The top of productive zone provided is an estimate based on the landing point at 7728' MD.

Completion is estimated for Q3, 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>		
401276701	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401276700	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>		
401276638	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401276648	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401276657	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401276686	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401276691	PDF-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401276697	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)