

**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



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Document Number:  
401344435

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 05-123-43017-00 County: WELD  
 Well Name: CAMENISCH Well Number: 15N-22HZ  
 Location: QtrQtr: SWNE Section: 15 Township: 2N Range: 68W Meridian: 6  
 Footage at surface: Distance: 2229 feet Direction: FNL Distance: 2193 feet Direction: FEL  
 As Drilled Latitude: 40.139980 As Drilled Longitude: -104.987609

GPS Data:  
 Date of Measurement: 02/28/2017 PDOP Reading: 1.6 GPS Instrument Operator's Name: NICK ROADIFER

\*\* If directional footage at Top of Prod. Zone Dist.: 1793 feet. Direction: FNL Dist.: 1733 feet. Direction: FEL  
 Sec: 15 Twp: 2N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 487 feet. Direction: FSL Dist.: 1733 feet. Direction: FEL  
 Sec: 22 Twp: 2N Rng: 68W

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

Spud Date: (when the 1st bit hit the dirt) 03/07/2017 Date TD: 04/09/2017 Date Casing Set or D&A: 04/10/2017  
 Rig Release Date: 05/22/2017 Per Rule 308A.b.

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

Total Depth MD 15845 TVD\*\* 7308 Plug Back Total Depth MD 15741 TVD\*\* 7307

Elevations GR 4876 KB 4906 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, GR, CNL

**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	110	64	0	110	VISU
SURF	13+1/2	9+5/8	36	0	1,883	727	0	1,883	VISU
1ST	8+1/2	5+1/2	17	0	15,831	2,080	74	15,831	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	4,244				
SHARON SPRINGS	7,277				
NIOBRARA	7,431				

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 CAMENISCH 15N-22HZ well (API 05-123-43017).

The Top of Productive Zone provided is an estimate based on the landing point at 7869' 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 Analyst

Date: \_\_\_\_\_

Email: jennifer.thomas@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
401344471	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401344468	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>			
401344446	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401344447	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401344448	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401344449	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401344464	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401344466	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401344467	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)