

DRILLING COMPLETION REPORT

Document Number:
401399737

Date Received:

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 05-123-43305-00 County: WELD
 Well Name: HILGERS Well Number: 41N-26HZ
 Location: QtrQtr: SESE Section: 22 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 857 feet Direction: FSL Distance: 730 feet Direction: FEL
 As Drilled Latitude: 40.206604 As Drilled Longitude: -104.982150

GPS Data:
 Date of Measurement: 04/28/2017 PDOP Reading: 1.5 GPS Instrument Operator's Name: PRESTON KNUTSEN

** If directional footage at Top of Prod. Zone Dist.: 323 feet. Direction: FNL Dist.: 195 feet. Direction: FWL
 Sec: 26 Twp: 3N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 549 feet. Direction: FNL Dist.: 158 feet. Direction: FEL
 Sec: 26 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) 05/16/2017 Date TD: 06/29/2017 Date Casing Set or D&A: 06/30/2017
 Rig Release Date: 07/15/2017 Per Rule 308A.b.

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

Total Depth MD 12815 TVD** 7145 Plug Back Total Depth MD 12713 TVD** 7146

Elevations GR 5001 KB 5018 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR, OHL-RES RUN ON HILGERS 33N1-22HZ, API 05-123-43262

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	0	97	64	0	97	VISU
SURF	13+1/2	9+5/8	36	0	1,847	719	0	1,847	VISU
1ST	7+7/8	5+1/2	17	0	12,804	1,210	980	12,804	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	4,315				
SHARON SPRINGS	7,267				
NIOBRARA	7,432				

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, open hole resistivity logs have been run on the HILGERS 33N1-22HZ well (API 05-123-43262).
Completion for this well is estimated for Q3, 2017.

The Top of Productive Zone provided is an estimate based on the landing point at 7,876' MD.

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 ?	
Attachment Checklist			
401399792	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401400975	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"/>
Other Attachments			
401399789	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401400396	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401400397	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401400587	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401400588	PDF-CEMENT BOND	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)