

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.

Document Number:
401412780

Date Received:

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 05-123-42272-00 County: WELD

Well Name: FL GREENS Well Number: 14N-8HZ

Location: QtrQtr: NENW Section: 8 Township: 1N Range: 66W Meridian: 6

Footage at surface: Distance: 1035 feet Direction: FNL Distance: 1328 feet Direction: FWL

As Drilled Latitude: 40.070124 As Drilled Longitude: -104.805743

GPS Data:
Date of Measurement: 06/05/2017 PDOP Reading: 1.4 GPS Instrument Operator's Name: PRESTON KNUITSEN

** If directional footage at Top of Prod. Zone Dist.: 559 feet. Direction: FNL Dist.: 2365 feet. Direction: FWL
Sec: 8 Twp: 1N Rng: 66W

** If directional footage at Bottom Hole Dist.: 47 feet. Direction: FSL Dist.: 2387 feet. Direction: FWL
Sec: 8 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) 06/14/2017 Date TD: 06/27/2017 Date Casing Set or D&A: 06/28/2017

Rig Release Date: 07/29/2017 Per Rule 308A.b.

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

Total Depth MD 12571 TVD** 7306 Plug Back Total Depth MD 12469 TVD** 7308

Elevations GR 4925 KB 4945 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR, CNL RUN ON FL GREENS 28C-5HZ, API 05-123-42274

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	100	64	0	100	VISU
SURF	13+1/2	9+5/8	36	0	1,891	737	0	1,891	VISU
1ST	7+7/8	5+1/2	17	0	12,561	1,191	1,152	12,561	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	5,192				
SHARON SPRINGS	7,365				
NIOBRARA	7,423				

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 FL GREENS 28C-5HZ well (API 05-123-42274).

Completion for this well is estimated Q2, 2018.

The Top of Productive Zone provided is an estimate based on the landing point at 7896' MD.

As-drilled GPS data was taken after conductor was set.

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			
401412837	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401413022	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			
401412799	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401412801	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401413017	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401413020	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401413272	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)