

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:
401461881

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 47120 Contact Name: CRYSTAL MCCLAIN

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 9294398

Address: P O BOX 173779 Fax: _____

City: DENVER State: CO Zip: 80217-

API Number 05-123-44783-00 County: WELD

Well Name: MARRS STATE Well Number: 30N-10HZX

Location: QtrQtr: SWSW Section: 22 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 2120 feet Direction: FNL Distance: 795 feet Direction: FWL

As Drilled Latitude: 40.037976 As Drilled Longitude: -104.883372

GPS Data:
Date of Measurement: 07/24/2017 PDOP Reading: 1.6 GPS Instrument Operator's Name: PRESTON KNUTSEN

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: FNL Dist.: _____ feet. Direction: FEL

Sec: NA Twp: NA Rng: NA

** If directional footage at Bottom Hole Dist.: 2267 feet. Direction: FNL Dist.: 147 feet. Direction: FWL

Sec: 22 Twp: 1N Rng: 67W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/31/2017 Date TD: 09/19/2017 Date Casing Set or D&A: 09/19/2017

Rig Release Date: 09/19/2017 Per Rule 308A.b.

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

Total Depth MD 7518 TVD** 7362 Plug Back Total Depth MD 6118 TVD** 6014

Elevations GR 4992 KB 5024 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
WELL WAS SIDETRACKED - ALL LOGS WILL BE SUBMITTED WITH FINAL FORM 5-01

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	112	64	0	112	VISU
SURF	13+1/2	9+5/8	36	0	1,888	670	0	1,888	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/20/2017

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE		150	6,960	7,504
	OPEN HOLE		360	6,106	6,960

Details of work:

CEMENT PLUGS WERE PUMPED PER PROCESS REPORTED ON FORM 2, DOCUMENT # 401408921, FOR THE PURPOSE OF SIDETRACKING THIS WELL.

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	4,670				
NIOBRARA	7,440				Due to faulting, the top of the Niobrara was not seen. This is the depth at which the formation was first entered.

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted. THIS WELL HAD TO BE SIDETRACKED PER PROCESS REPORTED ON FORM 2, DOCUMENT # 401408921. ATTACHMENTS AND LOGS WILL BE SUBMITTED WITH THE FINAL FORM 5-01.

THE "DATE RIG RELEASED" WAS THE DATE THE RIG WAS RELEASED FOR THE SIDETRACK.

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

DUE TO FAULTING, THE SHARON SPRINGS FORMATION WAS NOT ENTERED.

THE DIRECTIONAL SURVERY INDICATES THE LAST SURVEY POINT BEFORE THE SIDETRACK AND DOES NOT INCLUDE A PROJECTION TO BIT

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: CRYSTAL MCCLAIN

Title: REGULATORY ANALYST

Date: _____

Email: CRYSTAL.MCCLAIN@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401461981	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401461992	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
401461969	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)