

**DRILLING COMPLETION REPORT**

Document Number:  
401470070

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: 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 05-123-44750-00 County: WELD  
 Well Name: RW Well Number: 2N-29HZ  
 Location: QtrQtr: SWSE Section: 29 Township: 3N Range: 65W Meridian: 6  
 Footage at surface: Distance: 372 feet Direction: FSL Distance: 1621 feet Direction: FEL  
 As Drilled Latitude: 40.190193 As Drilled Longitude: -104.683717

GPS Data:  
 Date of Measurement: 06/28/2017 PDOP Reading: 1.2 GPS Instrument Operator's Name: TRAVIS HOLLAND

\*\* If directional footage at Top of Prod. Zone Dist.: 344 feet. Direction: FSL Dist.: 1684 feet. Direction: FEL  
 Sec: 29 Twp: 3N Rng: 65W  
 \*\* If directional footage at Bottom Hole Dist.: 59 feet. Direction: FNL Dist.: 1806 feet. Direction: FEL  
 Sec: 29 Twp: 3N Rng: 65W

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

Spud Date: (when the 1st bit hit the dirt) 07/16/2017 Date TD: 09/09/2017 Date Casing Set or D&A: 09/10/2017  
 Rig Release Date: 09/30/2017 Per Rule 308A.b.

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

Total Depth MD 12405 TVD\*\* 7089 Plug Back Total Depth MD 12304 TVD\*\* 7086  
 Elevations GR 4869 KB 4890 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
GR, CBL, CNL RUN ON RW 36N-32HZ (API: 05-123-44753).

**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	101	64	0	101	VISU
SURF	13+1/2	9+5/8	36	0	1,851	645	0	1,851	VISU
1ST	7+7/8	5+1/2	20	0	12,396	1,240	1,025	12,396	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	4,660				
SHARON SPRINGS	6,994				
NIOBRARA	7,094				

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted. Per Rule 317.p Exception, compensated neutron logs have been run on the RW 36N-32HZ well (API: 05-123-44753).

The Top of Productive Zone provided is an estimate based on the landing point at 7515' MD.

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

Completion is estimated for Q1 2018.

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 ?	
<b>Attachment Checklist</b>			
401470098	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401470097	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>			
401470088	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401470089	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401470090	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401470092	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401470096	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)