

**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:  
401475296

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 05-123-43573-00 County: WELD

Well Name: NORDEN Well Number: 2N-14HZ

Location: QtrQtr: SWSE Section: 14 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 477 feet Direction: FSL Distance: 1916 feet Direction: FEL

As Drilled Latitude: 40.045021 As Drilled Longitude: -104.854946

GPS Data:  
Date of Measurement: 07/31/2017 PDOP Reading: 1.3 GPS Instrument Operator's Name: TOBY OSBORN

\*\* If directional footage at Top of Prod. Zone Dist.: 1440 feet. Direction: FSL Dist.: 1837 feet. Direction: FEL

Sec: 14 Twp: 1N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 52 feet. Direction: FNL Dist.: 1873 feet. Direction: FEL

Sec: 14 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) 08/07/2017 Date TD: 09/22/2017 Date Casing Set or D&A: 09/22/2017

Rig Release Date: 10/05/2017 Per Rule 308A.b.

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

Total Depth MD 11815 TVD\*\* 7317 Plug Back Total Depth MD 11764 TVD\*\* 7319

Elevations GR 4952 KB 4969 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
GR, MIT, CBL, CNL RUN ON NORDEN 1C-14HZ (API: 05-123-43576).

**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	1,869	667	0	1,869	VISU
1ST	8+1/2	7	26	0	5,846	500	18	5,846	CBL
1ST LINER	6+1/8	4+1/2	11.6	5612	11,810	330	5,612	11,810	CALC

## 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	4,549				
SHARON SPRINGS	7,463				
NIOBRARA	7,530				

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 Norden 1C-14HZ well (API: 05-123-43576).

The Top of Productive Zone provided is an estimate based on the landing point at 7995' MD.

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

Completion is estimated for Q4 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>			
401475376	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401475375	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>			
401475329	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475331	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475340	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475346	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475353	LAS-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475365	PDF-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475373	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)