

FORM
5
Rev
09/14

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
401475743

Date Received:

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.

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 05-123-43575-00 County: WELD
 Well Name: NORDEN Well Number: 1N-14HZ
 Location: QtrQtr: SWSE Section: 14 Township: 1N Range: 67W Meridian: 6
 Footage at surface: Distance: 478 feet Direction: FSL Distance: 1856 feet Direction: FEL
 As Drilled Latitude: 40.045024 As Drilled Longitude: -104.855427

GPS Data:
 Date of Measurement: 07/31/2017 PDOP Reading: 1.2 GPS Instrument Operator's Name: TOBY OSBORN

** If directional footage at Top of Prod. Zone Dist.: 1122 feet. Direction: FSL Dist.: 1086 feet. Direction: FEL
 Sec: 14 Twp: 1N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 56 feet. Direction: FNL Dist.: 928 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) 08/09/2017 Date TD: 09/05/2017 Date Casing Set or D&A: 09/06/2017
 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 11995 TVD** 7340 Plug Back Total Depth MD 11942 TVD** 7339

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	1,868	667	0	1,868	VISU
1ST	8+1/2	7	26	0	6,346	530	30	6,346	CBL
1ST LINER	6+1/8	4+1/2	11.6	6107	11,965	360	6,107	11,965	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	4,611				
SHARON SPRINGS	7,319				
NIOBRARA	7,354				

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 7840' 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 ?	
Attachment Checklist			
401475769	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401475768	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			
401475753	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475757	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475760	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475761	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475763	LAS-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475764	PDF-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475767	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)