

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:
401475574

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 05-123-43577-00 County: WELD

Well Name: NORDEN Well Number: 26N-14HZ

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

Footage at surface: Distance: 478 feet Direction: FSL Distance: 1811 feet Direction: FEL

As Drilled Latitude: 40.045023 As Drilled Longitude: -104.855319

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.: 1326 feet. Direction: FSL Dist.: 109 feet. Direction: FEL
Sec: 14 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 53 feet. Direction: FNL Dist.: 295 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) 08/10/2017 Date TD: 08/24/2017 Date Casing Set or D&A: 08/25/2017

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 12190 TVD** 7299 Plug Back Total Depth MD 12137 TVD** 7299

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	1,872	672	0	1,872	VISU
1ST	8+1/2	7	26	0	6,844	570	45	6,844	CBL
1ST LINER	6+1/8	4+1/2	11.6	6631	12,184	350	6,631	12,184	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	4,855				
SHARON SPRINGS	7,620				Due to faulting, the top of the Sharon Springs was not seen. This is the depth at which the formation was first entered.
NIOBRARA	7,639				

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 8210' MD.

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

Completion is estimated for Q4 2018.

Due to faulting, the top of the Sharon Springs was not seen. The depth listed is the depth at which the formation was first entered.

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			
401475658	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401475657	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			
401475593	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475594	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475596	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475598	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475600	LAS-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475602	PDF-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475656	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)