

DRILLING COMPLETION REPORT

Document Number:
401091773

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: Jennifer Thomas
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6808
 Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217-

API Number 05-123-42238-00 County: WELD
 Well Name: COOK Well Number: 1N-16HZ
 Location: QtrQtr: SESE Section: 16 Township: 2N Range: 65W Meridian: 6
 Footage at surface: Distance: 567 feet Direction: FSL Distance: 721 feet Direction: FEL
 As Drilled Latitude: 40.132977 As Drilled Longitude: -104.662164

GPS Data:
 Date of Measurement: 10/27/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Sergio Del Carmen

** If directional footage at Top of Prod. Zone Dist.: 193 feet. Direction: FSL Dist.: 325 feet. Direction: FEL
 Sec: 16 Twp: 2N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 190 feet. Direction: FNL Dist.: 358 feet. Direction: FEL
 Sec: 16 Twp: 2N Rng: 65W

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

Spud Date: (when the 1st bit hit the dirt) 10/21/2015 Date TD: 01/28/2016 Date Casing Set or D&A: 01/28/2016
 Rig Release Date: 02/04/2016 Per Rule 308A.b.

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

Total Depth MD 12490 TVD** 7052 Plug Back Total Depth MD 12388 TVD** 7051
 Elevations GR 4878 KB 4903 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR

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	42.1	0	65	28	0	65	VISU
SURF	13+1/2	9+5/8	36	0	1,939	772	0	1,939	VISU
1ST	8+1/2	5+1/2	17	0	12,480	1,780	110	12,480	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	4,602				
SHARON SPRINGS	7,080				
NIOBRARA	7,168				

Comment:

Per Rule 317.p Exception, neutron logs have been run on the Cook 1C-16HZ well (API 05-123-42240).

CBL attached per Rule 502.b Variance for Rule 308A log submittal requirements. Preliminary Form 5, DOC # 401012421.

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

Signed: _____ Print Name: Jennifer Thomas

Title: Regulatory Specialist Date: _____ Email: jennifer.thomas@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401490720	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401490723	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			
401475943	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401490710	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401490714	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401490718	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)