

FORM
5Rev
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



DE ET OE ES

Document Number:

401503503

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 05-123-45531-00

County: WELD

Well Name: MEGUIRE

Well Number: 2

Location: QtrQtr: SWNW Section: 21 Township: 2N Range: 65W Meridian: 6

Footage at surface: Distance: 2451 feet Direction: FNL Distance: 470 feet Direction: FWL

As Drilled Latitude: 40.124733 As Drilled Longitude: -104.676737

GPS Data:

Date of Measurement: 09/25/2017 PDOP Reading: 1.9 GPS Instrument Operator's Name: RYAN GROVES

** If directional footage at Top of Prod. Zone Dist.: 0 feet. Direction: FNL Dist.: 0 feet. Direction: FEL

Sec: NA Twp: NA Rng: NA

** If directional footage at Bottom Hole Dist.: 2098 feet. Direction: FNL Dist.: 2476 feet. Direction: FWL

Sec: 21 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) 10/15/2017 Date TD: 11/05/2017 Date Casing Set or D&A: 11/05/2017

Rig Release Date: 11/05/2017 Per Rule 308A.b.

Well Classification:

☒ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 6566 TVD** 6113 Plug Back Total Depth MD 4110 TVD** 3718

Elevations GR 4896 KB 4916 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

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	0	100	64	0	100	VISU
SURF	13+1/2	9+5/8	36	0	2,196	893	0	2,196	VISU
1ST	8+1/2	7	26	0	6,515	460	0	6,515	VISU

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	4,760				
PIERRE	5,057				

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted.

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

This well was drilled to intercept the Adamson 28N-28HZ well in order to plug and abandon it. This Form 5 only includes the drilling information for the dry hole. All information related to the plugs for this well will be included in the subsequent Form 6SRA, per verbal guidance from Diana Burn on 01/04/2018.

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 ?			
<u>Attachment Checklist</u>					
401503548	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401503547	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"/>
<u>Other Attachments</u>					
401503541	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401503542	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401503545	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)