

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:

401522468

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 05-123-43998-00

County: WELD

Well Name: JOHNSON

Well Number: 28C-14HZ

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

Footage at surface: Distance: 388 feet Direction: FSL Distance: 593 feet Direction: FWL

As Drilled Latitude: 40.044884 As Drilled Longitude: -104.865164

GPS Data:

Date of Measurement: 08/16/2017 PDOP Reading: 1.7 GPS Instrument Operator's Name: TOBY OSBORN

** If directional footage at Top of Prod. Zone Dist.: 1094 feet. Direction: FSL Dist.: 2311 feet. Direction: FWL

Sec: 14 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 56 feet. Direction: FNL Dist.: 2378 feet. Direction: FWL

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) 08/17/2017 Date TD: 10/27/2017 Date Casing Set or D&A: 10/28/2017

Rig Release Date: 11/30/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 12315 TVD** 7571 Plug Back Total Depth MD 12264 TVD** 7568

Elevations GR 4980 KB 4997

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

GR, MIT, CBL, CNL RUN ON THE JOHNSON 4C-14HZ WELL (API: 05-123-44001).

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	1,914	688	0	1,914	VISU
1ST	8+1/2	7	26	0	6,109	510	25	6,109	CBL
1ST LINER	6+1/8	4+1/2	11.6	5892	12,310	390	5,892	12,310	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	4,862				
SHARON SPRINGS	7,455				
NIOBRARA	7,476				
FORT HAYS	7,886				
CODELL	7,934				
CARLILE	8,056				

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 Johnson 4C-14HZ WELL (API: 05-123-44001).

The Top of Productive Zone provided is an estimate based on the landing point at 8171' MD.

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

Completion is estimated for Q2 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>		
401522509	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401522508	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>		
401522487	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401522488	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401522491	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401522492	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401522493	LAS-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401522497	PDF-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401522503	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)