

**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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| DE | ET | OE | ES |
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Document Number:  
401535183

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 05-123-45249-00 County: WELD  
 Well Name: ROBIN Well Number: 9-17HZ  
 Location: QtrQtr: SESE Section: 9 Township: 1N Range: 65W Meridian: 6  
 Footage at surface: Distance: 317 feet Direction: FSL Distance: 829 feet Direction: FEL  
 As Drilled Latitude: 40.059612 As Drilled Longitude: -104.662562

GPS Data:  
 Date of Measurement: 10/16/2017 PDOP Reading: 2.8 GPS Instrument Operator's Name: PRESTON KNUTSEN

\*\* If directional footage at Top of Prod. Zone Dist.: 269 feet. Direction: FSL Dist.: 613 feet. Direction: FEL  
 Sec: 9 Twp: 1N Rng: 65W  
 \*\* If directional footage at Bottom Hole Dist.: 469 feet. Direction: FSL Dist.: 494 feet. Direction: FEL  
 Sec: 21 Twp: 1N Rng: 65W

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

Spud Date: (when the 1st bit hit the dirt) 10/13/2017 Date TD: 11/02/2017 Date Casing Set or D&A: 11/03/2017  
 Rig Release Date: 12/04/2017 Per Rule 308A.b.

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

Total Depth MD 18363 TVD\*\* 7388 Plug Back Total Depth MD 18354 TVD\*\* 7388

Elevations GR 4974 KB 5006 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
GR, CBL, CNL RUN ON THE ROBIN 9-14HZ WELL (API: 05-123-45248).

**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             | 112           | 64        | 0       | 112     | VISU   |
| SURF        | 13+1/2       | 9+5/8          | 36    | 0             | 1,888         | 761       | 0       | 1,888   | VISU   |
| 1ST         | 7+7/8        | 5+1/2          | 17    | 0             | 18,354        | 1,965     | 740     | 18,354  | 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         | 4,435          |        |                  |       |   |
| SHARON SPRINGS | 7,105          |        |                  |       |   |
| NIOBRARA       | 7,130          |        |                  |       |   |
| CODELL         | 7,799          |        |                  |       | Due to faulting, the top of the Codell was not seen. This is the depth at which the formation was first entered.    |
| CARLILE        | 7,870          |        |                  |       |   |
| FORT HAYS      | 11,246         |        |                  |       | Due to faulting, the top of the Fort Hays was not seen. This is the depth at which the formation was first entered. |

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 Robin9-14HZ Well (API: 05-123-45248).

The Top of Productive Zone provided is an estimate based on the landing point at 7966' MD.

Completion is estimated for Q3 2018.

Due to faulting, the top of the Fort Hays and Codell were not seen. These are the MD's at which the formations were 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 ?                              |  |
|-----------------------------|-----------------------|---|--|
| <b>Attachment Checklist</b> |                       |   |  |
| 401535230                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 401535233                   | 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"/> |
| <b>Other Attachments</b>    |                       |   |  |
| 401535220                   | LAS-CEMENT BOND       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401535221                   | PDF-CEMENT BOND       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401535226                   | LAS-MWD/LWD           | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401535227                   | PDF-MWD/LWD           | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401535229                   | 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)