

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:
401536239

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 05-123-43471-00 County: WELD
 Well Name: WAGNER Well Number: 2N-10HZ
 Location: QtrQtr: SWNE Section: 22 Township: 1N Range: 67W Meridian: 6
 Footage at surface: Distance: 1722 feet Direction: FNL Distance: 1559 feet Direction: FEL
 As Drilled Latitude: 40.039097 As Drilled Longitude: -104.872846

GPS Data:
 Date of Measurement: 08/31/2017 PDOP Reading: 1.4 GPS Instrument Operator's Name: ROB WILSON

** If directional footage at Top of Prod. Zone Dist.: 1672 feet. Direction: FNL Dist.: 1516 feet. Direction: FEL
 Sec: 22 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 673 feet. Direction: FSL Dist.: 1389 feet. Direction: FEL
 Sec: 10 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) 09/03/2017 Date TD: 12/01/2017 Date Casing Set or D&A: 12/02/2017
 Rig Release Date: 12/10/2017 Per Rule 308A.b.

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

Total Depth MD 15590 TVD** 7366 Plug Back Total Depth MD 15536 TVD** 7368

Elevations GR 4974 KB 4995 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
GR, MIT, CBL, CNL RUN ON THE WAGNER 2C-10HZ WELL (API: 05-123-43473).

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 | 101 | 64 | 0 | 101 | VISU |
| SURF | 13+1/2 | 9+5/8 | 36 | 0 | 1,875 | 668 | 0 | 1,875 | VISU |
| 1ST | 8+1/2 | 7 | 26 | 0 | 6,015 | 405 | 700 | 6,015 | CBL |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.6 | 5772 | 15,585 | 590 | 5,933 | 15,585 | 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 | 4,652 | | | | |
| SHARON SPRINGS | 7,490 | | | | |
| NIOBRARA | 7,552 | | | | |

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 Wagner 2C-10HZ Well (API: 05-123-43473).

The Top of Productive Zone provided is an estimate based on the landing point at 7976' 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 ? | |
|-----------------------------|----------------------------|---|--|
| Attachment Checklist | | | |
| 401536355 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 401536354 | 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 | | | |
| 401536329 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401536331 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401536333 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401536334 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401536336 | LAS-CASING EVALUATION TOOL | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401536343 | PDF-CASING EVALUATION TOOL | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401536350 | 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)