

**DRILLING COMPLETION REPORT**

Document Number:  
401540326

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: 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 05-123-45227-00 County: WELD  
 Well Name: BUROUGH Well Number: 27C-17HZ  
 Location: QtrQtr: SESE Section: 17 Township: 1N Range: 66W Meridian: 6  
 Footage at surface: Distance: 775 feet Direction: FSL Distance: 998 feet Direction: FEL  
 As Drilled Latitude: 40.046170 As Drilled Longitude: -104.795084

GPS Data:  
 Date of Measurement: 10/26/2017 PDOP Reading: 1.3 GPS Instrument Operator's Name: PRESTON KNUTSEN

\*\* If directional footage at Top of Prod. Zone Dist.: 1068 feet. Direction: FSL Dist.: 1452 feet. Direction: FEL  
 Sec: 17 Twp: 1N Rng: 66W  
 \*\* If directional footage at Bottom Hole Dist.: 51 feet. Direction: FNL Dist.: 1456 feet. Direction: FEL  
 Sec: 17 Twp: 1N Rng: 66W

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

Spud Date: (when the 1st bit hit the dirt) 10/19/2017 Date TD: 11/28/2017 Date Casing Set or D&A: 11/29/2017  
 Rig Release Date: 12/15/2017 Per Rule 308A.b.

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

Total Depth MD 12205 TVD\*\* 7543 Plug Back Total Depth MD 12190 TVD\*\* 7543  
 Elevations GR 4979 KB 5005 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
GR, CBL, OHL RESISTIVITY LOG RUN ON THE BUROUGH 2N-17HZ WELL (API: 05-123-45222).

**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	106	64	0	106	VISU
SURF	13+1/2	9+5/8	36	0	1,905	710	0	1,905	VISU
1ST	7+7/8	5+1/2	17	0	12,192	1,148	474	12,192	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	4,745				
SHARON SPRINGS	7,281				
NIOBRARA	7,306				
FORT HAYS	7,929				
CODELL	8,272				
CARLILE	10,478				

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, an Open Hole Resistivity Log was run on the Burough 2N-17HZ Well (API: 05-123-45222).

The Top of Productive Zone provided is an estimate based on the landing point at 8073' MD.

Completion is estimated for Q1 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 ?	
<b>Attachment Checklist</b>			
401540358	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401540356	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>			
401540344	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401540349	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401540351	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401540352	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401540354	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)