

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



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

401602341

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 05-123-44566-00

County: WELD

Well Name: NEWBY

Well Number: 27N-33HZ

Location: QtrQtr: SWSE Section: 33 Township: 3N Range: 68W Meridian: 6

Footage at surface: Distance: 589 feet Direction: FSL Distance: 1410 feet Direction: FEL

As Drilled Latitude: 40.176579 As Drilled Longitude: -105.003394

GPS Data:

Date of Measurement: 11/22/2017 PDOP Reading: 1.7 GPS Instrument Operator's Name: PRESTON KNUTSEN

** If directional footage at Top of Prod. Zone Dist.: 89 feet. Direction: FSL Dist.: 1155 feet. Direction: FEL

Sec: 33 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 462 feet. Direction: FNL Dist.: 1220 feet. Direction: FEL

Sec: 33 Twp: 3N Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/31/2017 Date TD: 12/24/2017 Date Casing Set or D&A: 12/25/2017

Rig Release Date: 02/09/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 12703 TVD** 6950 Plug Back Total Depth MD 12703 TVD** 6950

Elevations GR 4895 KB 4927 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

GR, MIT, CBL, CNL RUN ON THE NEWBY STATE 36N-4HZ WELL (API: 05-123-45091).

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 | 804 | 311 | 0 | 804 | VISU |
| 1ST | 8+1/2 | 7 | 26 | 0 | 6,140 | 400 | 990 | 6,140 | CBL |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.6 | 5888 | 12,697 | 420 | 5,888 | 12,697 | 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 | 4,245 | | | | |
| SHARON SPRINGS | 7,294 | | | | |
| NIOBRARA | 7,458 | | | | |

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 Newby State 36N-4HZ Well (API: 05-123-45091).

The Top of Productive Zone provided is an estimate based on the landing point at 7934' MD.

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> | | |
| 401602366 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 401602365 | 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> | | |
| 401602356 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401602357 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401602359 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401602361 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401602362 | LAS-CASING EVALUATION TOOL | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401602363 | PDF-CASING EVALUATION TOOL | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401602364 | 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)