

DRILLING COMPLETION REPORT

Document Number:
401602700

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 05-123-44567-00 County: WELD
 Well Name: NEWBY Well Number: 28N-33HZ
 Location: QtrQtr: SWSE Section: 33 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 589 feet Direction: FSL Distance: 1500 feet Direction: FEL
 As Drilled Latitude: 40.176578 As Drilled Longitude: -105.003716

GPS Data:
 Date of Measurement: 11/22/2017 PDOP Reading: 1.8 GPS Instrument Operator's Name: PRESTON KNUTSEN

** If directional footage at Top of Prod. Zone Dist.: 64 feet. Direction: FNL Dist.: 1856 feet. Direction: FEL
 Sec: 4 Twp: 2N Rng: 68W

** If directional footage at Bottom Hole Dist.: 465 feet. Direction: FNL Dist.: 1849 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) 10/30/2017 Date TD: 12/13/2017 Date Casing Set or D&A: 12/14/2017
 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 12842 TVD** 6973 Plug Back Total Depth MD 12791 TVD** 6976

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	805	311	0	805	VISU
1ST	8+1/2	7	26	0	6,143	400	765	6,143	CBL
1ST LINER	6+1/8	4+1/2	11.6	5942	12,837	410	5,942	12,837	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	4,242				
SHARON SPRINGS	7,306				
NIOBRARA	7,471				

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 7932' 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 ?	
Attachment Checklist			
401602759	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401602758	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			
401602728	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401602733	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401602737	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401602742	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401602745	LAS-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401602748	PDF-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401602755	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)