

DRILLING COMPLETION REPORT

Document Number:
401591378

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 05-123-45492-00 County: WELD
 Well Name: PAPA JO 2-25 Well Number: 29N3-8HZ
 Location: QtrQtr: NWSW Section: 8 Township: 1N Range: 68W Meridian: 6
 Footage at surface: Distance: 1403 feet Direction: FSL Distance: 1354 feet Direction: FWL
 As Drilled Latitude: 40.062067 As Drilled Longitude: -105.032498

GPS Data:
 Date of Measurement: 11/13/2017 PDOP Reading: 1.8 GPS Instrument Operator's Name: PRESTON KNUTSEN

** If directional footage at Top of Prod. Zone Dist.: 288 feet. Direction: FSL Dist.: 1904 feet. Direction: FWL
 Sec: 8 Twp: 1N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 51 feet. Direction: FNL Dist.: 1886 feet. Direction: FWL
 Sec: 8 Twp: 1N Rng: 68W

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

Spud Date: (when the 1st bit hit the dirt) 11/22/2017 Date TD: 01/05/2018 Date Casing Set or D&A: 01/05/2018
 Rig Release Date: 01/31/2018 Per Rule 308A.b.

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

Total Depth MD 13590 TVD** 7725 Plug Back Total Depth MD 13575 TVD** 7724

Elevations GR 5063 KB 5089 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
GR, CBL, CNL RUN ON THE PAPA JO 2-25 35C-17HZ WELL (API: 05-123-45502).

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	1,877	670	0	1,877	VISU
1ST	7+7/8	5+1/2	17	0	13,579	1,310	810	13,579	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	4,885				
SHARON SPRINGS	7,819				
NIOBRARA	7,878				

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 Papa Jo 2-25 35C-17HZ Well (API: 05-123-45502).

The Top of Productive Zone provided is an estimate based on the landing point at 8540' MD.

As-drilled GPS data was taken after conductor was set.

Completion is estimated for Q1 2019.

Form 5s for this pad are being submitted late due to a Back Pressure Valve stuck in the mandrel hanger. Email confirmation from Barbara Westerdale has been attached.

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			
401591397	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401591396	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"/>
401609201	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
401591391	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401591392	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401591394	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401608851	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401608853	PDF-CEMENT BOND	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)