

DRILLING COMPLETION REPORT

Document Number:
401591526

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 05-123-45507-00 County: WELD
 Well Name: PAPA JO 2-25 Well Number: 35C2-17HZ
 Location: QtrQtr: NWSW Section: 8 Township: 1N Range: 68W Meridian: 6
 Footage at surface: Distance: 1403 feet Direction: FSL Distance: 1339 feet Direction: FWL
 As Drilled Latitude: 40.062068 As Drilled Longitude: -105.032553

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.: 181 feet. Direction: FNL Dist.: 1723 feet. Direction: FWL
 Sec: 17 Twp: 1N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 54 feet. Direction: FSL Dist.: 1696 feet. Direction: FWL
 Sec: 17 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: 01/17/2018 Date Casing Set or D&A: 01/18/2018
 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 13495 TVD** 7838 Plug Back Total Depth MD 13479 TVD** 7839
 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 | 1,889 | 670 | 0 | 1,889 | VISU |
| 1ST | 8+1/2 | 5+1/2 | 17 | 0 | 13,487 | 1,323 | 1,150 | 13,487 | 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 | 4,672 | | | | |
| SHARON SPRINGS | 7,580 | | | | |
| NIOBRARA | 7,638 | | | | |
| FORT HAYS | 8,279 | | | | |
| CODELL | 8,358 | | | | |
| CARLILE | 8,812 | | | | |

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 8457' 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 | | | |
| 401591559 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 401591557 | 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"/> |
| 401609254 | Other | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Other Attachments | | | |
| 401591550 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401591552 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401591554 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401591555 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401591556 | 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)