

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



DE ET OE ES

Document Number:

401621096

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 &amp; GAS ONSHORE LP

Phone: (720) 9294398

Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

API Number 05-123-45862-00

County: WELD

Well Name: HERGENREDER

Well Number: 22N2-4HZ

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

Footage at surface: Distance: 276 feet Direction: FNL Distance: 998 feet Direction: FWL

As Drilled Latitude: 40.188679 As Drilled Longitude: -105.013775

## GPS Data:

Date of Measurement: 01/02/2018 PDOP Reading: 1.6 GPS Instrument Operator's Name: PRESTON KNUTSEN

\*\* If directional footage at Top of Prod. Zone Dist.: 903 feet. Direction: FNL Dist.: 1491 feet. Direction: FWL

Sec: 33 Twp: 3N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 2018 feet. Direction: FNL Dist.: 1500 feet. Direction: FWL

Sec: 4 Twp: 2N Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/10/2018 Date TD: 02/18/2018 Date Casing Set or D&amp;A: 02/19/2018

Rig Release Date: 02/28/2018 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 13941 TVD\*\* 7307 Plug Back Total Depth MD 13931 TVD\*\* 7306

Elevations GR 4944 KB 4961 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

GR, CBL, CNL RUN ON THE HERGENREDER 7N-4HZ WELL (API: 05-123-45859).

## 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             | 97            | 64        | 0       | 97      | VISU   |
| SURF        | 13+1/2       | 9+5/8          | 36    | 0             | 2,289         | 816       | 0       | 2,289   | VISU   |
| 1ST         | 8+1/2        | 5+1/2          | 17    | 0             | 13,935        | 1,850     | 490     | 13,935  | 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         | 3,982          |        |                  |       |   |
| SHARON SPRINGS | 6,904          |        |                  |       |   |
| NIOBRARA       | 7,066          |        |                  |       |   |

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 Hergenreder 7N-4HZ Well (API: 05-123-45859).

The Top of Productive Zone provided is an estimate based on the landing point at 7525' MD.

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

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> |                       |   |  |
| 401621112                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 401621111                   | 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>    |                       |   |  |
| 401621107                   | LAS-CEMENT BOND       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401621108                   | PDF-CEMENT BOND       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401621109                   | PDF-MWD/LWD           | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401621110                   | LAS-MWD/LWD           | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 401621114                   | 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)