

**DRILLING COMPLETION REPORT**

Document Number:  
401653039

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 05-123-45118-00 County: WELD  
 Well Name: HAMMER Well Number: 3-1HZ  
 Location: QtrQtr: SWSW Section: 3 Township: 1N Range: 68W Meridian: 6  
 Footage at surface: Distance: 1306 feet Direction: FSL Distance: 396 feet Direction: FWL  
 As Drilled Latitude: 40.076617 As Drilled Longitude: -104.997524

GPS Data:  
 Date of Measurement: 11/21/2017 PDOP Reading: 1.2 GPS Instrument Operator's Name: ROB WILSON

\*\* If directional footage at Top of Prod. Zone Dist.: 1900 feet. Direction: FSL Dist.: 111 feet. Direction: FWL  
 Sec: 3 Twp: 1N Rng: 68W  
 \*\* If directional footage at Bottom Hole Dist.: 53 feet. Direction: FNL Dist.: 94 feet. Direction: FWL  
 Sec: 34 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) 01/13/2018 Date TD: 04/03/2018 Date Casing Set or D&A: 04/05/2018  
 Rig Release Date: 04/05/2018 Per Rule 308A.b.

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

Total Depth MD 16796 TVD\*\* 7509 Plug Back Total Depth MD 16782 TVD\*\* 7504  
 Elevations GR 5044 KB 5064 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
GR, CBL, CNL RUN ON THE HAMMER 3-9HZ WELL (API: 05-123-45110).

**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	100	64	0	100	VISU
SURF	13+1/2	9+5/8	36	0	1,862	698	0	1,862	VISU
1ST	7+7/8	5+1/2	17	0	16,789	1,490	1,220	16,789	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	
FOX HILLS	1,100				
PARKMAN	4,188				
SHARON SPRINGS	7,575				
NIOBRARA	7,665				

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 Hammer 3-9HZ Well (API: 05-123-45110).

The Top of Productive Zone provided is an estimate based on the landing point at 8090' MD.

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

Completion is estimated for Q3 2019.

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 ?	
<b>Attachment Checklist</b>			
401653064	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401653063	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"/>
<b>Other Attachments</b>			
401653059	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401653060	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401653066	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401661115	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401661116	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)