

DRILLING COMPLETION REPORT

Document Number:
401653091

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 05-123-45113-00 County: WELD

Well Name: HAMMER Well Number: 3-3HZ

Location: QtrQtr: SWSW Section: 3 Township: 1N Range: 68W Meridian: 6

Footage at surface: Distance: 1306 feet Direction: FSL Distance: 441 feet Direction: FWL

As Drilled Latitude: 40.076617 As Drilled Longitude: -104.997364

GPS Data:
Date of Measurement: 11/21/2017 PDOP Reading: 1.3 GPS Instrument Operator's Name: ROB WILSON

** If directional footage at Top of Prod. Zone Dist.: 2215 feet. Direction: FSL Dist.: 711 feet. Direction: FWL
Sec: 3 Twp: 1N Rng: 68W

** If directional footage at Bottom Hole Dist.: 53 feet. Direction: FNL Dist.: 708 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) 01/15/2018 Date TD: 03/22/2018 Date Casing Set or D&A: 03/23/2018

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 16858 TVD** 7776 Plug Back Total Depth MD 16850 TVD** 7776

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	1,883	676	0	1,883	VISU
1ST	7+7/8	5+1/2	17	0	16,851	1,520	1,064	16,851	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	1,097				
PARKMAN	4,174				
SUSSEX	4,558				
SHARON SPRINGS	7,549				
NIOBRARA	7,629				
FORT HAYS	8,365				
CODELL	8,614				

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 8038' 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 ?	
Attachment Checklist			
401653109	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401653108	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			
401653103	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401653104	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401653111	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401661143	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401661144	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)