

FORM
5
Rev
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



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Document Number:
401801685

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 & GAS ONSHORE LP Phone: (720) 9294398
 Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217-

API Number 05-123-46433-00 County: WELD
 Well Name: GRACIE Well Number: 24-8HZ
 Location: QtrQtr: SESW Section: 24 Township: 2N Range: 66W Meridian: 6
 Footage at surface: Distance: 344 feet Direction: FSL Distance: 1700 feet Direction: FWL
 As Drilled Latitude: 40.117474 As Drilled Longitude: -104.728894

GPS Data:
 Date of Measurement: 05/22/2018 PDOP Reading: 1.2 GPS Instrument Operator's Name: ROB WILSON

** If directional footage at Top of Prod. Zone Dist.: 137 feet. Direction: FNL Dist.: 1903 feet. Direction: FWL
 Sec: 25 Twp: 2N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 473 feet. Direction: FSL Dist.: 1994 feet. Direction: FWL
 Sec: 25 Twp: 2N Rng: 66W

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

Spud Date: (when the 1st bit hit the dirt) 05/29/2018 Date TD: 08/19/2018 Date Casing Set or D&A: 08/20/2018
 Rig Release Date: 08/20/2018 Per Rule 308A.b.

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

Total Depth MD 12562 TVD** 7302 Plug Back Total Depth MD 12540 TVD** 7302

Elevations GR 5083 KB 5103 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD/LWD. (GR/RES in API 123-46432).

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	1,878	704	0	1,878	VISU
1ST	7+7/8	5+1/2	17	0	12,552	1,120	900	12,552	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	1,524				
PARKMAN	4,259				
SUSSEX	4,747				
SHARON SPRINGS	7,261				
NIOBRARA	7,380				

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, Open Hole Resistivity Logs have been run on the Gracie 24-1HZ Well (API 123-46432).

The Top of Productive Zone provided is an estimate based on the landing point at 7699' MD.

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

Completion is estimated for Q1 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			
401801700	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401801702	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			
401801694	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401801695	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401801697	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401801698	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401801703	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)