

FORM
5Rev
09/14State 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:

401865296

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 05-123-47106-00

County: WELD

Well Name: COWBOY

Well Number: 21-1HZ

Location: QtrQtr: SENE Section: 21 Township: 2N Range: 67W Meridian: 6

Footage at surface: Distance: 2335 feet Direction: FNL Distance: 946 feet Direction: FEL

As Drilled Latitude: 40.124676 As Drilled Longitude: -104.889521

GPS Data:

Date of Measurement: 08/07/2018 PDOP Reading: 1.1 GPS Instrument Operator's Name: ROB WILSON

** If directional footage at Top of Prod. Zone Dist.: 2348 feet. Direction: FNL Dist.: 2460 feet. Direction: FEL

Sec: 21 Twp: 2N Rng: 67W

** If directional footage at Bottom Hole Dist.: 53 feet. Direction: FNL Dist.: 2390 feet. Direction: FEL

Sec: 16 Twp: 2N Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/15/2018 Date TD: 09/18/2018 Date Casing Set or D&A: 09/19/2018

Rig Release Date: 10/26/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 15706 TVD** 7628 Plug Back Total Depth MD 15683 TVD** 7632

Elevations GR 5041 KB 5067 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL, MWD/LWD, GR/RES

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	1,882	730	0	1,882	VISU
1ST	8+1/2	5+1/2	17	0	15,696	1,820	570	15,696	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	1,243				
PARKMAN	4,479				
SUSSEX	4,890				
SHARON SPRINGS	7,496				
NIOBRARA	7,581				
FORT HAYS	8,009				
CODELL	8,165				

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 this well.

The Top of Productive Zone provided is an estimate based on the landing point at 8137' 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 ?	
<u>Attachment Checklist</u>			
401865343	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401865344	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>			
401865333	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401865334	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401865338	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401865339	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401865340	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401865341	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401865347	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)

