

Document Number:
401980780

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: CANDICE BARBER
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (970) 515-1671
 Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217-

API Number 05-123-19890-00 County: WELD
 Well Name: HSR-MYRNA Well Number: 15-12A
 Location: QtrQtr: SWSE Section: 12 Township: 1N Range: 67W Meridian: 6
 Footage at surface: Distance: 510 feet Direction: FSL Distance: 2130 feet Direction: FEL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

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

Spud Date: (when the 1st bit hit the dirt) 01/19/2000 Date TD: 01/25/2000 Date Casing Set or D&A: _____
 Rig Release Date: 02/09/2000 Per Rule 308A.b.

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

Total Depth MD 8078 TVD** _____ Plug Back Total Depth MD 8034 TVD** _____
 Elevations GR 4918 KB 4930 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

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
SURF	12+1/4	8+5/8	24	0	871	610	0	871	CALC
1ST	7+7/8	4+1/2	11.6	0	8,034	330	3,850	5,018	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/19/2019

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	SURF	1,839	175	1,800	2,205

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	

Comment:

THE REMEDIAL CEMENT WORK WAS PERFORMED IN JULY OF 2018, BUT CODED AS AN ABANDONMENT EVENT, NOT A WELL WORK EVENT SINCE THE SCOPE OF WORK CHANGED FROM A P&A TO REMEDIAL CEMENT. DUE TO THIS ERROR, IT WAS NOT PICKED UP IN OUR QUERY AND IS THEREFORE LATE.

THERE WAS A CIBP SET AT 3880', A CICR SET AT 1839' WITH 175 SXS OF CEMENT.

A FORM 17 WAS PERFORMED 11/8/2018.

THE P&A EVENT WILL COMMENCE IN AUG. OF 2019 AFTER CROPS AND A FORM 42 WILL BE SUBMITTED ACCORDINGLY.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: CANDICE BARBER

Title: REGULATORY ANALYST Date: _____ Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401980787	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401980851	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
401980852	OPERATIONS SUMMARY	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)

