

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:
402110905

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: David Van der Vieren
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 9293812
 Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217-

API Number 05-123-49249-00 County: WELD
 Well Name: MAB Well Number: 15-5HZ
 Location: QtrQtr: SWSE Section: 15 Township: 1N Range: 66W Meridian: 6
 Footage at surface: Distance: 548 feet Direction: FSL Distance: 2171 feet Direction: FEL
 As Drilled Latitude: 40.045517 As Drilled Longitude: -104.761653

GPS Data:
 Date of Measurement: 01/16/2019 PDOP Reading: 1.4 GPS Instrument Operator's Name: Travis Holland

** If directional footage at Top of Prod. Zone Dist.: 816 feet. Direction: FSL Dist.: 1313 feet. Direction: FEL
 Sec: 15 Twp: 1N Rng: 66W

** If directional footage at Bottom Hole Dist.: 315 feet. Direction: FSL Dist.: 1325 feet. Direction: FEL
 Sec: 3 Twp: 1N Rng: 66W

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

Spud Date: (when the 1st bit hit the dirt) 01/09/2019 Date TD: 04/07/2019 Date Casing Set or D&A: 04/08/2019
 Rig Release Date: 05/28/2019 Per Rule 308A.b.

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

Total Depth MD 18325 TVD** 7614 Plug Back Total Depth MD 18306 TVD** 7615

Elevations GR 5113 KB 5130 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD/LWD. (GR/RES in API 123-49251).

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	97	64	0	97	VISU
SURF	13+1/2	9+5/8	36	0	1,872	701	0	1,872	VISU
1ST	7+7/8	5+1/2	17	0	18,315	1,750	610	18,315	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	1,708				
PARKMAN	4,553				
SUSSEX	4,949				
SHARON SPRINGS	7,405				
NIOBRARA	7,426				
FORT HAYS	8,001				
CODELL	8,087				
CARLILE	13,379				

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 Mab 15-1HZ Well (API 123-49251).

The Top of Productive Zone provided is an estimate based on the landing point at 8212' MD.

Completion is estimated for Q4 2019.

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

Signed: _____

Print Name: David Van der Vieren

Title: Sr Regulatory Analyst

Date: _____

Email: david.vandervieren@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402110963	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402110957	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			
402110944	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402110945	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402110954	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402110956	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402110969	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)

