

**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:  
402110986

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 05-123-49247-00 County: WELD  
 Well Name: MAB Well Number: 15-6HZ  
 Location: QtrQtr: SWSE Section: 15 Township: 1N Range: 66W Meridian: 6  
 Footage at surface: Distance: 563 feet Direction: FSL Distance: 2171 feet Direction: FEL  
 As Drilled Latitude: 40.045559 As Drilled Longitude: -104.761652

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.: 813 feet. Direction: FSL Dist.: 1058 feet. Direction: FEL  
 Sec: 15 Twp: 1N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 375 feet. Direction: FSL Dist.: 1135 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: 04/12/2019 Date Casing Set or D&A: 04/13/2019  
 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 18218 TVD\*\* 7413 Plug Back Total Depth MD 18198 TVD\*\* 7413

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	1,861	697	0	1,861	VISU
1ST	7+7/8	5+1/2	17	0	18,208	1,740	800	18,208	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	1,712				
PARKMAN	4,616				
SUSSEX	5,017				
SHARON SPRINGS	7,516				
NIOBRARA	7,548				

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 8039' 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 ?	
<b>Attachment Checklist</b>			
402111111	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402111110	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"/>
<b>Other Attachments</b>			
402111097	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402111098	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402111104	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402111106	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402111122	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)

