

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.

Document Number:
402117627

Date Received:

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 05-123-48448-00 County: WELD

Well Name: BUDDY Well Number: 7-10HZ

Location: QtrQtr: NENE Section: 7 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 819 feet Direction: FNL Distance: 1065 feet Direction: FEL

As Drilled Latitude: 40.070709 As Drilled Longitude: -104.927714

GPS Data:
Date of Measurement: 01/10/2019 PDOP Reading: 1.4 GPS Instrument Operator's Name: Travis Holland

** If directional footage at Top of Prod. Zone Dist.: 73 feet. Direction: FNL Dist.: 1889 feet. Direction: FEL
Sec: 07 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 600 feet. Direction: FNL Dist.: 1837 feet. Direction: FEL
Sec: 31 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) 12/31/2018 Date TD: 04/16/2019 Date Casing Set or D&A: 04/18/2019

Rig Release Date: 05/26/2019 Per Rule 308A.b.

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

Total Depth MD 18278 TVD** 7614 Plug Back Total Depth MD 18257 TVD** 7615

Elevations GR 5072 KB 5093 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD/LWD. (GR/RES in API 123-48452).

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	101	64	0	101	VISU
SURF	13+1/2	9+5/8	36	0	1,883	670	0	1,883	VISU
1ST	7+7/8	5+1/2	17	0	18,267	1,750	1,220	18,267	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	1,263				
PARKMAN	4,335				
SUSSEX	4,714				
SHARON SPRINGS	7,464				
NIOBRARA	7,595				

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 Buddy 7-10HZ Well (API 123-48452).

The Top of Productive Zone provided is an estimate based on the landing point at 8149' MD.

Completion is estimated for Q2 2020.

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			
402117677	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402117685	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			
402117666	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402117667	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402117672	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402117675	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402117688	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)

