

FORM
5Rev
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



DE ET OE ES

Document Number:

402144917

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 05-123-49356-00

County: WELD

Well Name: RANGER

Well Number: 7-19HZ

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

Footage at surface: Distance: 825 feet Direction: FNL Distance: 1574 feet Direction: FWL

As Drilled Latitude: 40.070788 As Drilled Longitude: -104.936709

GPS Data:

Date of Measurement: 01/31/2019 PDOP Reading: 1.5 GPS Instrument Operator's Name: Jeremy Groves

** If directional footage at Top of Prod. Zone Dist.: 47 feet. Direction: FSL Dist.: 2486 feet. Direction: FWL

Sec: 6 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 55 feet. Direction: FNL Dist.: 2487 feet. Direction: FWL

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) 01/22/2019 Date TD: 06/07/2019 Date Casing Set or D&A: 06/08/2019

Rig Release Date: 06/18/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 18872 TVD** 7694 Plug Back Total Depth MD 18859 TVD** 7693

Elevations GR 5112 KB 5132 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL, MWD/LWD. (GR/RES in API 123-49358).

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	100	64	0	100	VISU
SURF	13+1/2	9+5/8	36	0	1,883	1,587	0	1,883	VISU
1ST	7+7/8	5+1/2	17	0	18,862	1,810	830	18,862	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	1,305				
PARKMAN	4,397				
SUSSEX	4,777				
SHARON SPRINGS	7,669				
NIOBRARA	7,744				

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 Ranger 7-6HZ Well (API 123-49358).

The Top of Productive Zone provided is an estimate based on the landing point at 8346' 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 ?	
<u>Attachment Checklist</u>			
402144927	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402144929	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>			
402144920	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402144924	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402144925	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402144926	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402145011	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)

