

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



Document Number:

401866231

Date Received:

12/24/2018

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: <u>47120</u>	Contact Name: <u>CRYSTAL MCCLAIN</u>
Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 9294398</u>
Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

API Number <u>05-123-47100-00</u>	County: <u>WELD</u>
Well Name: <u>COWBOY</u>	Well Number: <u>21-5HZ</u>
Location: QtrQtr: <u>SENE</u> Section: <u>21</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>2334</u> feet Direction: <u>FNL</u> Distance: <u>886</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.124675</u> As Drilled Longitude: <u>-104.889306</u>	

GPS Data:

Date of Measurement: 08/07/2018 PDOP Reading: 1.2 GPS Instrument Operator's Name: ROB WILSON** If directional footage at Top of Prod. Zone Dist.: 2625 feet Direction: FNL Dist.: 1151 feet Direction: FELSec: 21 Twp: 2N Rng: 67W** If directional footage at Bottom Hole Dist.: 322 feet Direction: FSL Dist.: 1277 feet Direction: FELSec: 4 Twp: 2N Rng: 67WField Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 08/18/2018 Date TD: 10/06/2018 Date Casing Set or D&A: 10/07/2018Rig Release Date: 10/26/2018 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 21278 TVD** 7384 Plug Back Total Depth MD 21255 TVD** 7384Elevations GR 5041 KB 5067 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL, MWD/LWD. (GR/RES in API 123-47106).

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	106	64	0	106	VISU
SURF	13+1/2	9+5/8	36	0	1,883	597	0	1,883	VISU
1ST	8+1/2	5+1/2	17	0	21,268	2,620	1,630	21,278	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	1,243				
PARKMAN	4,337				
SUSSEX	4,724				
SHARON SPRINGS	7,433				
NIOBRARA	7,549				

Operator Comments

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 Cowboy 21-1HZ Well (API 123-47106).

The Top of Productive Zone provided is an estimate based on the landing point at 7870' MD.

As-drilled GPS data was taken after conductor was set.

Completion is estimated for Q1 2019.

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

Signed: _____ Print Name: CRYSTAL MCCLAIN

Title: REGULATORY ANALYST Date: 12/24/2018 Email: CRYSTAL.MCCLAIN@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401866243	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401866244	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401866246	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>					
401866231	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401866239	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401866240	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401866241	LAS-CASING EVALUATION TOOL	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401866242	PDF-CASING EVALUATION TOOL	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401866247	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401871657	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401885700	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	Corrected 1st string casing cement top per CBL Corrected 1st string cement bottom to TD per directional survey Horizontal offset mitigation review complete	08/12/2019
Permit	Corrected TPZ. Pass	06/13/2019

Total: 2 comment(s)

