

FORM
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Rev
10/14

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:

402166483

Date Received:

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/or 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>DAVID VAN DER VIEREN</u>
Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 9293812</u>
Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>DAVID.VANDERVIEREN@ANADARKO.COM</u>

API Number <u>05-123-49216-00</u>	County: <u>WELD</u>
Well Name: <u>JDB</u>	Well Number: <u>15-8HZ</u>
Location: QtrQtr: <u>SESE</u> Section: <u>15</u> Township: <u>1N</u> Range: <u>66W</u> Meridian: <u>6</u>	
	FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: <u>523</u> feet Direction: <u>FSL</u> Distance: <u>1072</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.045446</u> As Drilled Longitude: <u>-104.757728</u>	
GPS Data:	
Date of Measurement: <u>02/15/2019</u> PDOP Reading: <u>1.5</u> GPS Instrument Operator's Name: <u>TRAVIS HOLLAND</u>	
	FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: <u>378</u> feet Direction: <u>FSL</u> Dist: <u>1447</u> feet Direction: <u>FWL</u>	
Sec: <u>14</u> Twp: <u>1N</u> Rng: <u>66W</u>	
	FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: <u>397</u> feet Direction: <u>FSL</u> Dist: <u>1524</u> feet Direction: <u>FWL</u>	
Sec: <u>11</u> Twp: <u>1N</u> Rng: <u>66W</u>	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) <u>02/05/2019</u> Date TD: <u>07/04/2019</u> Date Casing Set or D&A: <u>07/05/2019</u>
Rig Release Date: <u>07/20/2019</u> Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD <u>13874</u> TVD** <u>7656</u> Plug Back Total Depth MD <u>13855</u> TVD** <u>7656</u>
Elevations GR <u>5153</u> KB <u>5170</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input type="checkbox"/>

List Electric Logs Run:

CBL, MWD/LWD. (GR/RES in API 123-49223).

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	1,888	703	0	1,888	VISU
1ST	7+7/8	5+1/2	17	0	13,864	1,280	1,390	13,864	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	1,753				
PARKMAN	4,727				
SUSSEX	5,157				
SHARON SPRINGS	7,764				
NIOBRARA	7,787				
FORT HAYS	8,362				
CODELL	8,459				
CARLILE	10,268				Due to faulting, the top of the cARLILE was not seen. This is the depth at which the formation was first entered

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 JDB 15-4HZ Well (API 123-49223).

The Top of Productive Zone provided is an estimate based on the landing point at 8551' MD.

Completion is estimated for Q2 2020.

Due to faulting, the top of the Carlile was not seen. This is the depth listed is where the formation was first entered.

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>			
402166496	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402166495	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>			
402166490	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402166491	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402166492	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402166494	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402166498	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)

