

FORM
5
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:
402217741

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: 47120 Contact Name: CRYSTAL MCCLAIN
Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 9294398
Address: P O BOX 173779 Fax: _____
City: DENVER State: CO Zip: 80217- Email: CRYSTAL.MCCLAIN@ANADARKO.COM

API Number 05-123-40889-00 County: WELD
Well Name: HUNZIKER Well Number: 28N-4HZ
Location: QtrQtr: SWSE Section: 28 Township: 2N Range: 67W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 433 feet Direction: FSL Distance: 1698 feet Direction: FEL
As Drilled Latitude: 40.103234 As Drilled Longitude: -104.892336
GPS Data:
Date of Measurement: 06/01/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: CARLI SLOAN
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 50 feet Direction: FNL Dist: 2265 feet Direction: FEL
Sec: 33 Twp: 2N Rng: 67W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 360 feet Direction: FNL Dist: 2337 feet Direction: FEL
Sec: 4 Twp: 1N Rng: 67W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/20/2015 Date TD: 05/26/2015 Date Casing Set or D&A: 05/28/2015
Rig Release Date: 05/29/2015 Per Rule 308A.b.

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

Total Depth MD 13638 TVD** 7563 Plug Back Total Depth MD 13638 TVD** 7563
Elevations GR 5051 KB 5071 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, MWD/LWD

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	42.1	0	40	32	0	40	VISU
SURF	13+1/2	9+5/8	36	0	1,331	516	0	1,331	VISU
1ST	8+3/4	7	26	0	8,045	715	60	8,045	CBL
1ST LINER	6+1/8	4+1/2	11.6	6999	13,628				CALC

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	
SUSSEX	4,551				
SHARON SPRINGS	7,424				
NIOBRARA	7,526				

Operator Comments:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted.

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: _____

Email: CRYSTAL.MCCLAIN@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402217804	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402217803	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>			
402217777	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402217779	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402217800	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402217811	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)

