

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:
402242598
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 05-123-50075-00 County: WELD
Well Name: SARCHET Well Number: 21-7HZ
Location: QtrQtr: SWSW Section: 21 Township: 3N Range: 66W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 565 feet Direction: FSL Distance: 339 feet Direction: FWL
As Drilled Latitude: 40.204703 As Drilled Longitude: -104.790393
GPS Data:
Date of Measurement: 06/28/2019 PDOP Reading: 1.3 GPS Instrument Operator's Name: TRAVIS HOLLAND
FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 158 feet Direction: FSL Dist: 2434 feet Direction: FWL
Sec: 21 Twp: 3N Rng: 66W
FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 201 feet Direction: FNL Dist: 2498 feet Direction: FWL
Sec: 16 Twp: 3N Rng: 66W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/05/2019 Date TD: 08/23/2019 Date Casing Set or D&A: 08/25/2019
Rig Release Date: 09/20/2019 Per Rule 308A.b.

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

Total Depth MD 18421 TVD** 7314 Plug Back Total Depth MD 18364 TVD** 7314
Elevations GR 4983 KB 5004 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, MWD/LWD. (GR/CNL in API 123-50074).

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	1,909	714	0	1,909	VISU
1ST	7+7/8	5+1/2	17	0	18,399	1,775	696	18,399	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	1,134				
PARKMAN	4,464				
SUSSEX	4,623				
SHARON SPRINGS	7,569				
NIOBRARA	7,677				

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, Compensated Neutron Logs have been run on the Sarchet 21-1HZ well (API 123-50074).

Alternative Logging Program - No Open Hole Logs were run.

The Top of Productive Zone provided is an estimate based on the landing point at 6978' MD.

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

Completion is estimated for Q3 2020.

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>			
402243097	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402243099	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>			
402243089	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402243090	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402243094	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402243095	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402243105	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Return to draft per operator request.	11/19/2019

Total: 1 comment(s)

