

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:

402242562

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>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>	Email: <u>CRYSTAL.MCCLAIN@ANADARKO.COM</u>

API Number <u>05-123-50071-00</u>	County: <u>WELD</u>
Well Name: <u>SARCHET</u>	Well Number: <u>21-3HZ</u>
Location: QtrQtr: <u>SWSW</u> Section: <u>21</u> Township: <u>3N</u> Range: <u>66W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>610</u> feet Direction: <u>FSL</u> Distance: <u>340</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.204826</u> As Drilled Longitude: <u>-104.790393</u>	

GPS Data:

Date of Measurement: <u>06/28/2019</u>	PDOP Reading: <u>1.3</u>	GPS Instrument Operator's Name: <u>TRAAVIS HOLLAND</u>
	FNL/FSL	FEL/FWL

** If directional footage at Top of Prod. Zone	Dist: <u>45</u> feet	Direction: <u>FSL</u>	Dist: <u>943</u> feet	Direction: <u>FWL</u>
	Sec: <u>21</u>	Twp: <u>3N</u>	Rng: <u>66W</u>	
		FNL/FSL		FEL/FWL

** If directional footage at Bottom Hole	Dist: <u>50</u> feet	Direction: <u>FSL</u>	Dist: <u>924</u> feet	Direction: <u>FWL</u>
	Sec: <u>28</u>	Twp: <u>3N</u>	Rng: <u>66W</u>	

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/03/2019 Date TD: 09/09/2019 Date Casing Set or D&A: 09/10/2019

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 12993 TVD** 7206 Plug Back Total Depth MD 12974 TVD** 7206

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	1,852	693	0	1,852	VISU
1ST	7+7/8	5+1/2	17	0	12,983	1,180	1,940	12,983	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	1,132				
PARKMAN	4,293				
SUSSEX	4,441				
SHARON SPRINGS	7,268				
NIOBRARA	7,407				

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 7719' 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>			
402242569	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402242568	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>			
402242564	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402242565	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402242566	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402243557	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402243559	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)

