

FORM
5Rev
10/14State 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:

402252412

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 05-123-49766-00

County: WELD

Well Name: MJOLNIR

Well Number: 3-5HZ

Location: QtrQtr: SWSW Section: 3 Township: 1N Range: 68W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 492 feet Direction: FSL Distance: 1086 feet Direction: FWL

As Drilled Latitude: 40.074378 As Drilled Longitude: -104.995073

GPS Data:

Date of Measurement: 04/02/2019 PDOP Reading: 1.4 GPS Instrument Operator's Name: ROB WILSON
FNL/FSL FEL/FWL** If directional footage at Top of Prod. Zone Dist: 125 feet Direction: FNL Dist: 372 feet Direction: FEL
Sec: 10 Twp: 1N Rng: 68W** If directional footage at Bottom Hole Dist: 51 feet Direction: FSL Dist: 357 feet Direction: FEL
Sec: 15 Twp: 1N Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/09/2019 Date TD: 09/08/2019 Date Casing Set or D&A: 09/09/2019

Rig Release Date: 10/03/2019 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 19557 TVD** 7818 Plug Back Total Depth MD 19537 TVD** 7818

Elevations GR 5052 KB 5078 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MWD/LWD. (GR/CNL in API 123-49773).

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	1	106	VISU
SURF	13+1/2	9+5/8	36	0	1,921	875	0	1,921	VISU
1ST	8+1/2	5+1/2	17	0	19,550	2,400	750	19,550	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	1,104				
PARKMAN	4,579				
SUSSEX	5,026				
SHARON SPRINGS	8,372				
NIOBRARA	8,495				
FORT HAYS	9,106				
CODELL	9,361				

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 Mjolnir 3-1HZ well (API 123-49773).

Alternative Logging Program - No Open Hole Logs were run.

The Top of Productive Zone provided is an estimate based on the landing point at 9135' MD.

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

Completion is estimated for Q1 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 MCCLAINTitle: REGULATORY ANALYST

Date: _____

Email: CRYSTAL.MCCLAIN@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402252468	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402252470	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>			
402252464	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402252465	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402252466	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402252467	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402252471	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)

