

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:

402284013

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>05-123-40176-00</u>	County: <u>WELD</u>
Well Name: <u>SUMMIT</u>	Well Number: <u>13N-32HZ</u>
Location: QtrQtr: <u>SWSW</u> Section: <u>29</u> Township: <u>2N</u> Range: <u>65W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>395</u> feet Direction: <u>FSL</u> Distance: <u>971</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.103322</u> As Drilled Longitude: <u>-104.693679</u>	

GPS Data:

Date of Measurement: 12/08/2014 PDOP Reading: 3.0 GPS Instrument Operator's Name: CARLI SLOAN

FNL/FSL FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 116 feet Direction: FSL Dist: 762 feet Direction: FWL

Sec: 29 Twp: 2N Rng: 65W

FNL/FSL FEL/FWL

** If directional footage at Bottom Hole Dist: 26 feet Direction: FSL Dist: 721 feet Direction: FWL

Sec: 32 Twp: 2N Rng: 65W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 09/24/2014 Date TD: 11/03/2014 Date Casing Set or D&A: 11/04/2014
Rig Release Date: 12/03/2014 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 12814 TVD** 7091 Plug Back Total Depth MD 12789 TVD** 7091

Elevations GR 4943 KB 4959 **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
SURF	13+1/2	9+5/8	36	0	1,113	464	0	1,113	VISU
1ST	8+3/4	7	26	0	7,392	770	330	7,392	CBL
1ST LINER	6+1/8	4+1/2	11.6	6474	12,799				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	4,508				
SHARON SPRINGS	6,987				
NIOBRARA	7,043				

Operator Comments:

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

Per COA, Open Hole Log has been run on the SUMmit 29N-29HZ.

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>			
402284082	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402284083	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>			
402284085	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402284086	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402284087	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402284088	LAS-MWD/LWD	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)

