

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:  
402294572  
  
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 05-069-06503-00 County: LARIMER  
Well Name: JODSTER SOUTH Well Number: 25-9HZ  
Location: QtrQtr: SENE Section: 25 Township: 5N Range: 68W Meridian: 6  
FNL/FSL FEL/FWL  
Footage at surface: Distance: 2317 feet Direction: FNL Distance: 704 feet Direction: FEL  
As Drilled Latitude: 40.371682 As Drilled Longitude: -104.947736  
GPS Data:  
Date of Measurement: 08/16/2019 PDOP Reading: 2.3 GPS Instrument Operator's Name: CHAD GARDNER  
FNL/FSL FEL/FWL  
\*\* If directional footage at Top of Prod. Zone Dist: 984 feet Direction: FSL Dist: 199 feet Direction: FEL  
Sec: 25 Twp: 5N Rng: 68W  
FNL/FSL FEL/FWL  
\*\* If directional footage at Bottom Hole Dist: 914 feet Direction: FSL Dist: 471 feet Direction: FWL  
Sec: 25 Twp: 5N Rng: 68W  
Field Name: WATTENBERG Field Number: 90750  
Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 08/16/2019 Date TD: 11/13/2019 Date Casing Set or D&A: 11/13/2019  
Rig Release Date: 11/26/2019 Per Rule 308A.b.

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

Total Depth MD 12642 TVD\*\* 6911 Plug Back Total Depth MD 12623 TVD\*\* 6914  
Elevations GR 4861 KB 4887 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:  
CBL, MWD/LWD. (GR/RES in API 069-06507 ).

### 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	0	106	VISU
SURF	13+1/2	9+5/8	36	0	1,879	671	0	1,879	VISU
1ST	7+7/8	5+1/2	17	0	12,636	1,052	1,656	12,636	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	1,354				
PARKMAN	3,517				
SUSSEX	4,054				
SHARON SPRINGS	7,166				
NIOBRARA	7,224				

Operator Comments:

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

Alternative Logging Program - No Open Hole Logs were run.

Open Hole Log was run on the Jodster South 25-7HZ well (API 069-06507 ).

The Top of Productive Zone provided is an estimate based on the landing point at 7878' MD.

Completion is estimated for Q2 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>			
402294577	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402294579	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>			
402294573	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402294574	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402294575	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402294576	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402294580	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)

