

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:
402294592
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 05-069-06519-00 County: LARIMER
Well Name: JODSTER SOUTH Well Number: 25-11HZ
Location: QtrQtr: SENE Section: 25 Township: 5N Range: 68W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 2347 feet Direction: FNL Distance: 704 feet Direction: FEL
As Drilled Latitude: 40.371600 As Drilled Longitude: -104.947738
GPS Data:
Date of Measurement: 08/16/2019 PDOP Reading: 1.2 GPS Instrument Operator's Name: CHAD GARDNER
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 212 feet Direction: FSL Dist: 10 feet Direction: FWL
Sec: 30 Twp: 5N Rng: 67W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 212 feet Direction: FSL Dist: 161 feet Direction: FEL
Sec: 29 Twp: 5N Rng: 67W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/17/2019 Date TD: 11/21/2019 Date Casing Set or D&A: 11/22/2019
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 18326 TVD** 7074 Plug Back Total Depth MD 18306 TVD** 7074
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	1,915	684	0	1,915	VISU
1ST	7+7/8	5+1/2	17	0	18,319	1,671	1,334	18,319	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	1,357				
PARKMAN	3,547				
SUSSEX	4,091				
SHARON SPRINGS	7,184				
NIOBRARA	7,240				
FORT HAYS	7,791				
CODELL	7,869				

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 8013' 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>			
402294597	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402294599	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>			
402294593	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402294594	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402294595	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402294596	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402294600	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)

