

FORM
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Rev
02/20

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:

402323395

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 05-123-50489-00 County: WELD
Well Name: CLELAND Well Number: 15-2HZ
Location: QtrQtr: NESW Section: 15 Township: 1N Range: 68W Meridian: 6
Footage at surface: Distance: 1739 feet Direction: FSL Distance: 1989 feet Direction: FWL
As Drilled Latitude: 40.048698 As Drilled Longitude: -104.992087
GPS Data: GPS Quality Value: 2.7 Type of GPS Quality Value: PDOP Date of Measurement: 10/16/2019
GPS Instrument Operator's Name: RYAN GROVES
** If directional footage at Top of Prod. Zone Dist: 424 feet Direction: FSL Dist: 668 feet Direction: FWL
** If directional footage at Bottom Hole Dist: 56 feet Direction: FSL Dist: 812 feet Direction: FWL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/23/2019 Date TD: 12/03/2019 Date Casing Set or D&A: 12/04/2019
Rig Release Date: 12/29/2019 Per Rule 308A.b.

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

Total Depth MD 19178 TVD** 7766 Plug Back Total Depth MD 19157 TVD** 7767
Elevations GR 5152 KB 5172 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, MWD/LWD. (GR/RES in API 123-50493).

Empty box for additional notes or comments.

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	100	64	0	100	VISU
SURF	13+1/2	9+5/8	36	0	1,908	1,253	0	1,908	VISU
1ST	7+7/8	5+1/2	17	0	19,161	1,754	2,048	19,161	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	1,265				
SUSSEX	4,961				
SHANNON	5,324				
SHARON SPRINGS	7,680				
NIOBRARA	7,733				

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 Cleland 15-4HZ well (API 123-50493).

The Top of Productive Zone provided is an estimate based on the landing point at 8310' MD.

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 MCCLAIN

Title: REGULATORY ANALYST

Date: _____

Email: CRYSTAL.MCCLAIN@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402324580	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402324583	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>			
402324533	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402324536	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402324567	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402324571	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402324588	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Return to draft per operator request.	02/27/2020

Total: 1 comment(s)

