

FORM
5Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400483283

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 47120	4. Contact Name: Katie Kistner
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP	Phone: (720) 9294317
3. Address: P O BOX 173779	Fax:
City: DENVER State: CO Zip: 80217-	

5. API Number 05-123-37075-00	6. County: WELD
7. Well Name: RATTLER	Well Number: 13N-3HZ
8. Location: QtrQtr: SWSW Section: 34 Township: 3N Range: 66W Meridian: 6	
Footage at surface: Distance: 311 feet Direction: FSL	Distance: 761 feet Direction: FWL
As Drilled Latitude: 40.175194	As Drilled Longitude: -104.770011

GPS Data:

Data of Measurement: 06/04/2013 PDOP Reading: 2.1 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 43 feet. Direction: FNL Dist.: 724 feet. Direction: FWL

Sec: 3 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 26 feet. Direction: FSL Dist.: 744 feet. Direction: FWL

Sec: 3 Twp: 2N Rng: 66W

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/25/2013 13. Date TD: 08/11/2013 14. Date Casing Set or D&A: 08/12/2013

15. Well Classification:

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

16. Total Depth MD 12867 TVD** 7290 17 Plug Back Total Depth MD 12843 TVD** 7291

18. Elevations GR 4970 KB 4983

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL, GR, MUD

20. Casing, Liner and Cement:

CASING

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	814	281	0	814	VISU
1ST	8+3/4	7	26	0	7,647	759	40	7,647	CBL
1ST LINER	6+1/8	4+1/2	11.6	6678	12,852				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:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHARON SPRINGS	7,117		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,225		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Katie KistnerTitle: Regulatory Analyst

Date: _____

Email: katie.kistner@anadarko.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400483305	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400483302	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>					
400483294	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400483295	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400483296	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400483297	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400483299	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400483300	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400488704	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General CommentsUser GroupCommentComment Date

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Total: 0 comment(s)