

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



DE ET OE ES

Document Number:

400604221

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 05-123-38417-00

6. County: WELD

7. Well Name: GRENNEMYER

Well Number: 36C-3HZ

8. Location: QtrQtr: NWNE Section: 34 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 689 feet Direction: FNL Distance: 1650 feet Direction: FEL

As Drilled Latitude: 40.012965 As Drilled Longitude: -104.873091

GPS Data:

Data of Measurement: 12/16/2013 PDOP Reading: 2.7 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 704 feet. Direction: FNL Dist.: 1835 feet. Direction: FEL

Sec: 34 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1791 feet. Direction: FSL Dist.: 2279 feet. Direction: FEL

Sec: 3 Twp: 1S Rng: 67W

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) 12/10/2013 13. Date TD: 03/03/2014 14. Date Casing Set or D&A: 03/05/2014

15. Well Classification:

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

16. Total Depth MD 16020 TVD** 7805 17 Plug Back Total Depth MD 6622 TVD** 6563

18. Elevations GR 5052 KB 5068

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	1,094	408	0	1,094	VISU
1ST	8+3/4	7	26	0	8,208	823	120	8,208	CBL
1ST LINER	6+1/8	4+1/2	11.6	7125	16,010	488	7,109	16,010	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	
SUSSEX	4,909		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,416		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,439		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,052		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,178		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

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

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

Signed: _____

Print Name: Katie Kistner

Title: Regulatory Analyst

Date: _____

Email: katie.kistner@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400605113	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400604270	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>					
400604254	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400604258	PDF-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400604260	LAS-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400604261	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400604269	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User GroupCommentComment Date

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Total: 0 comment(s)