

FORM
5
Rev
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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| DE | ET | OE | ES |
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Document Number:
400606356

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 05-123-36519-00 6. County: WELD
 7. Well Name: BROTEMARKLE Well Number: 4N-13HZ
 8. Location: QtrQtr: SESW Section: 13 Township: 3N Range: 66W Meridian: 6
 Footage at surface: Distance: 293 feet Direction: FSL Distance: 1421 feet Direction: FWL
 As Drilled Latitude: 40.218769 As Drilled Longitude: -104.729650

GPS Data:

Data of Measurement: 01/15/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 570 feet. Direction: FSL Dist.: 570 feet. Direction: FWL

Sec: 13 Twp: 3N Rng: 66W

** If directional footage at Bottom Hole Dist.: 485 feet. Direction: FNL Dist.: 630 feet. Direction: FWL

Sec: 13 Twp: 3N 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) 01/11/2014 13. Date TD: 03/19/2014 14. Date Casing Set or D&A: 03/20/2014

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11852 TVD** 7261 17 Plug Back Total Depth MD 11827 TVD** 7260

18. Elevations GR 5026 KB 5042

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 | 1,307 | 486 | 0 | 1,307 | VISU |
| 1ST | 8+3/4 | 7 | 26 | 0 | 7,641 | 780 | 0 | 7,641 | CBL |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.6 | 6719 | 11,837 | | | | 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 | |
| PARKMAN | 4,141 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,540 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHARON SPRINGS | 7,278 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,390 | | <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 ? | |
|-----------------------------|--|---|--|
| Attachment Checklist | | | |
| 400606397 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400606398 | 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"/> |
| Other Attachments | | | |
| 400606377 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400606384 | PDF-Measurement/Logging While Drilling | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400606387 | LAS-Measurement/Logging While Drilling | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400606392 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400606396 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)