

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:

400632079

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 &amp; GAS ONSHORE LP

Phone: (720) 9294317

3. Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-39081-00

6. County: WELD

7. Well Name: ELLIOTT STATE

Well Number: 40C-17HZ

8. Location: QtrQtr: SWNW Section: 17 Township: 3N Range: 67W Meridian: 6

Footage at surface: Distance: 1546 feet Direction: FNL Distance: 779 feet Direction: FWL

As Drilled Latitude: 40.228905 As Drilled Longitude: -104.920474

## GPS Data:

Data of Measurement: 04/07/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 2278 feet. Direction: FNL Dist.: 252 feet. Direction: FWL

Sec: 17 Twp: 3N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 2366 feet. Direction: FNL Dist.: 74 feet. Direction: FEL

Sec: 17 Twp: 3N 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) 04/02/2014 13. Date TD: 05/11/2014 14. Date Casing Set or D&amp;A: 05/12/2014

## 15. Well Classification:

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

16. Total Depth MD 12573 TVD\*\* 7135 17 Plug Back Total Depth MD 12549 TVD\*\* 7135

18. Elevations GR 4813 KB 4827

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             | 1,251         | 465       | 0       | 1,251   | VISU   |
| 1ST         | 8+3/4        | 7              | 26    | 0             | 7,700         | 780       | 134     | 7,700   | CBL    |
| 1ST LINER   | 6+1/8        | 4+1/2          | 11.6  | 6691          | 12,558        |           |         |         | 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         | 4,096          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SHARON SPRINGS | 7,009          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 7,075          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS      | 7,617          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL         | 7,737          |        | <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> |  |            |                                     |    |                                     |
| 400634114                   | CMT Summary *                          | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis                          | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400632100                   | 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>    |  |            |                                     |    |                                     |
| 400632084                   | PDF-CEMENT BOND                        | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400632093                   | PDF-Measurement/Logging While Drilling | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400632094                   | LAS-Measurement/Logging While Drilling | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400632095                   | PDF-MUD                                | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400632099                   | DIRECTIONAL DATA                       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

### General Comments

User Group

Comment

Comment Date

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Total: 0 comment(s)