

DRILLING COMPLETION REPORT

Document Number:
400712749

Date Received:

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

OGCC Operator Number: 47120 Contact Name: ILA BEALE

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6408

Address: P O BOX 173779 Fax: _____

City: DENVER State: CO Zip: 80217-

API Number 05-123-39623-00 County: WELD

Well Name: SACK Well Number: 16N-6HZ

Location: QtrQtr: SESE Section: 31 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 673 feet Direction: FSL Distance: 702 feet Direction: FEL

As Drilled Latitude: 40.002188 As Drilled Longitude: -104.926206

GPS Data:
Date of Measurement: 08/11/2014 PDOP Reading: 1.5 GPS Instrument Operator's Name: Ryan Scheuerman

** If directional footage at Top of Prod. Zone Dist.: 153 feet. Direction: FSL Dist.: 58 feet. Direction: FEL
Sec: 31 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 486 feet. Direction: FSL Dist.: 512 feet. Direction: FEL
Sec: 6 Twp: 1S Rng: 67W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 08/07/2014 Date TD: 09/30/2014 Date Casing Set or D&A: 10/02/2014

Rig Release Date: 10/11/2014 Per Rule 308A.b.

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

Total Depth MD 12870 TVD** 7646 Plug Back Total Depth MD 12815 TVD** 7645

Elevations GR 5055 KB 5080 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR, MUD

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
SURF	13+1/2	9+5/8	36	0	1,315	544	0	1,315	VISU
1ST	8+3/4	7	26	0	8,103	690	156	8,103	CBL
1ST LINER	6+1/8	4+1/2	11.6	6956	12,860	390	6,955	12,860	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:

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	
SUSSEX	5,154				
SHARON SPRINGS	7,505				
NIOBRARA	7,542				

Comment:

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

Per COA open hole log has been run on Sack 1C-30HZ

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

Signed: _____ Print Name: ILA BEALE

Title: STAFF REG. SPECIALIST Date: _____ Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400715317	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400712764	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			
400712758	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400712760	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400712761	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400712762	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400725013	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)