

**FORM
5**Rev
09/14**State of Colorado****Oil and Gas Conservation Commission**

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



Document Number:

400550693

Date Received:

02/10/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

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

API Number 05-123-37768-00 County: WELD
Well Name: PENNINGTON Well Number: 27C-2HZ
Location: QtrQtr: SWSE Section: 2 Township: 2N Range: 67W Meridian: 6
Footage at surface: Distance: 672 feet Direction: FSL Distance: 2257 feet Direction: FEL
As Drilled Latitude: 40.161625 As Drilled Longitude: -104.856483

GPS Data:

Date of Measurement: 10/25/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Renee Doiron** If directional footage at Top of Prod. Zone Dist.: 682 feet Direction: FSL Dist.: 1413 feet Direction: FELSec: 2 Twp: 2N Rng: 67W** If directional footage at Bottom Hole Dist.: 486 feet Direction: FNL Dist.: 1463 feet Direction: FELSec: 2 Twp: 2N Rng: 67WField Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/23/2013 Date TD: 12/12/2013 Date Casing Set or D&A: 12/13/2013

Rig Release Date: _____ Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 12015 TVD** 7360 Plug Back Total Depth MD 11986 TVD** 7359Elevations GR 4860 KB 4873 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	1,033	387	0	1,033	VISU
1ST	8+3/4	7	26	0	7,878	745	860	7,878	CBL
1ST LINER	6+1/8	4+1/2	11.6	6899	12,000				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	
SHARON SPRINGS	7,199				
NIOBRARA	7,302				
FORT HAYS	7,697				
CODELL	7,803				

Operator Comments

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: 2/10/2014 Email: katie.kistner@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400550723	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400550726	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>					
400550693	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400550702	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400550709	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400550710	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400550712	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400550713	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400550714	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400550721	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400550722	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400550724	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft per operator's request.	11/5/2014 8:08:58 AM

Total: 1 comment(s)