

DRILLING COMPLETION REPORT

Document Number:
400726080

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: Kayla Hesseltnie
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6552
 Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217-

API Number 05-123-39972-00 County: WELD
 Well Name: RANCHVIEW Well Number: 3N-11HZ
 Location: QtrQtr: SESW Section: 14 Township: 1N Range: 68W Meridian: 6
 Footage at surface: Distance: 350 feet Direction: FSL Distance: 2269 feet Direction: FWL
 As Drilled Latitude: 40.045030 As Drilled Longitude: -104.971928

GPS Data:
 Date of Measurement: 09/18/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: Carli Sloan

** If directional footage at Top of Prod. Zone Dist.: 131 feet. Direction: FSL Dist.: 1823 feet. Direction: FWL
 Sec: 14 Twp: 1N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 2125 feet. Direction: FSL Dist.: 1811 feet. Direction: FWL
 Sec: 11 Twp: 1N Rng: 68W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 09/13/2014 Date TD: 10/16/2014 Date Casing Set or D&A: 10/18/2014
 Rig Release Date: 10/29/2014 Per Rule 308A.b.

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

Total Depth MD 15450 TVD** 7818 Plug Back Total Depth MD 15367 TVD** 7815
 Elevations GR 5144 KB 5169 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR

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	1,289	491	0	1,289	VISU
1ST	8+3/4	7	26	0	8,210	800	0	8,210	CBL
1ST LINER	6+1/8	4+1/2	11.6	7138	15,417	560	7,138	15,417	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	4,801				
SHARON SPRINGS	7,597				
NIOBRARA	7,636				

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: Kayla Hesseltine

Title: Regulatory Specialist

Date: _____

Email: kayla.hesseltine@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400727990	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400726101	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			
400726094	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400726097	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400726100	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400739241	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)