

FORM  
5Rev  
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



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Document Number:

400727590

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

OGCC Operator Number: 47120

Contact Name: ILA BEALE

Name of Operator: KERR MCGEE OIL &amp; GAS ONSHORE LP

Phone: (720) 929-6408

Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

API Number 05-123-36699-00

County: WELD

Well Name: TURKEY SPRINGS

Well Number: 1G-15HZ

Location: QtrQtr: NENE Section: 22 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 806 feet Direction: FNL Distance: 278 feet Direction: FEL

As Drilled Latitude: 40.128695 As Drilled Longitude: -104.754900

## GPS Data:

Date of Measurement: 09/22/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Carli Sloan

\*\* If directional footage at Top of Prod. Zone Dist.: 32 feet. Direction: FSL Dist.: 227 feet. Direction: FEL

Sec: 15 Twp: 2N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 486 feet. Direction: FNL Dist.: 185 feet. Direction: FEL

Sec: 15 Twp: 2N Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/18/2014 Date TD: 10/19/2014 Date Casing Set or D&amp;A: 10/23/2014

Rig Release Date: 10/25/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 12950 TVD\*\* 7735 Plug Back Total Depth MD 12890 TVD\*\* 7735

Elevations GR 5091 KB 5116 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	1,589	605	0	1,589	VISU
1ST	8+3/4	7	26	0	8,171	744	0	8,171	CBL
1ST LINER	6+1/8	4+1/2	11.6	7069	12,940	320	7,068	12,940	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	4,671				
SHARON SPRINGS	7,196				
NIOBRARA	7,267				
FORT HAYS	7,578				
CODELL	7,608				
CARLILE	7,634				
GREENHORN	7,713				

Comment:

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

This well is on a 3-well pad. The Rig Release Date of 10/25/14 is the rig release for this well. The other 2 wells on this pad have not spud at this time; did not want to delay Form 5 for this well.

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 ?	
<u>Attachment Checklist</u>			
400761515	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400727614	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>			
400727611	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400739120	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747900	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747902	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747903	PDF-MUD	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)