

DRILLING COMPLETION REPORT

Document Number:
400810504

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 05-123-40564-00 County: WELD
 Well Name: COPPERHEAD Well Number: 2C-15HZ
 Location: QtrQtr: NWSE Section: 22 Township: 2N Range: 67W Meridian: 6
 Footage at surface: Distance: 2368 feet Direction: FSL Distance: 2195 feet Direction: FEL
 As Drilled Latitude: 40.122948 As Drilled Longitude: -104.875284

GPS Data:
 Date of Measurement: 12/17/2014 PDOP Reading: 3.0 GPS Instrument Operator's Name: Carli Sloan

** If directional footage at Top of Prod. Zone Dist.: 319 feet. Direction: FSL Dist.: 1724 feet. Direction: FEL
 Sec: 15 Twp: 2N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 75 feet. Direction: FNL Dist.: 1728 feet. Direction: FEL
 Sec: 15 Twp: 2N Rng: 67W

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

Spud Date: (when the 1st bit hit the dirt) 12/05/2014 Date TD: 01/27/2015 Date Casing Set or D&A: 01/28/2015
 Rig Release Date: 02/14/2015 Per Rule 308A.b.

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

Total Depth MD 13569 TVD** 7620 Plug Back Total Depth MD 13516 TVD** 7620

Elevations GR 5029 KB 5045 **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	1,323	507	0	1,323	VISU
1ST	8+3/4	7	26	0	8,685	770	50	8,685	CBL
1ST LINER	6+1/8	4+1/2	11.6	7793	13,656	316	7,793	13,565	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	4,827				
SHARON SPRINGS	7,875				
NIOBRARA	7,961				
FORT HAYS	8,404				
CODELL	8,507				

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: ILA BEALE

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

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400810535	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400810533	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			
400810524	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810526	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810529	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810532	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400821411	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)