

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



DE ET OE ES

Document Number:

400858557

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: Kayla Hesseltine

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

Phone: (720) 929-6552

Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

API Number 05-123-41283-00

County: WELD

Well Name: BAT

Well Number: 3N1-9HZ

Location: QtrQtr: SESW Section: 9 Township: 1N Range: 65W Meridian: 6

Footage at surface: Distance: 620 feet Direction: FSL Distance: 2603 feet Direction: FWL

As Drilled Latitude: 40.060444 As Drilled Longitude: -104.669181

## GPS Data:

Date of Measurement: 04/06/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Carli Sloan

\*\* If directional footage at Top of Prod. Zone Dist.: 610 feet. Direction: FSL Dist.: 1760 feet. Direction: FWL

Sec: 9 Twp: 1N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 694 feet. Direction: FSL Dist.: 1755 feet. Direction: FWL

Sec: 9 Twp: 1N Rng: 65W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/30/2015 Date TD: 06/04/2015 Date Casing Set or D&amp;A:

Rig Release Date: 06/05/2015 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 7852 TVD\*\* 7150 Plug Back Total Depth MD 7852 TVD\*\* 7150

Elevations GR 4930 KB 4955 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

ALL LOGS WILL BE SUBMITTED WITH FORM 5 FOR BAT 3N1-9HZX (01).

## 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
CONDUCTOR	26	16	42.1	0	60	32	0	60	VISU
SURF	13+1/2	9+5/8	36	0	1,588	637	0	1,588	VISU

## 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	

Comment:

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

We were unable to retrieve the fish, so an openhole sidetrack was performed and the fish was left in the hole.

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**

	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400861842	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

#### **Other Attachments**

400858702	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400861841	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### **General Comments**

**User Group**      **Comment**

**Comment Date**

--	--	--

Total: 0 comment(s)