

**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



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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 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 05-123-41283-00 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&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 ?	
<b>Attachment Checklist</b>			
	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"/>
<b>Other Attachments</b>			
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)