

DRILLING COMPLETION REPORT

Document Number:
400849797

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 Hesseltine
 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 05-123-40840-00 County: WELD
 Well Name: GREEN Well Number: 5N-8HZ
 Location: QtrQtr: NWNW Section: 8 Township: 1N Range: 65W Meridian: 6
 Footage at surface: Distance: 356 feet Direction: FNL Distance: 1048 feet Direction: FWL
 As Drilled Latitude: 40.072313 As Drilled Longitude: -104.693537

GPS Data:
 Date of Measurement: 02/06/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Carli Sloan

** If directional footage at Top of Prod. Zone Dist.: 278 feet. Direction: FSL Dist.: 2262 feet. Direction: FWL
 Sec: 5 Twp: 1N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 1 feet. Direction: FSL Dist.: 2208 feet. Direction: FWL
 Sec: 8 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) 01/26/2015 Date TD: 04/30/2015 Date Casing Set or D&A: 05/01/2015
 Rig Release Date: 06/04/2015 Per Rule 308A.b.

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

Total Depth MD 13470 TVD** 7174 Plug Back Total Depth MD 13367 TVD** 7174
 Elevations GR 4970 KB 4986 **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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR | 26 | 16 | 42.1 | 0 | 80 | 64 | 0 | 80 | VISU |
| SURF | 13+1/2 | 9+5/8 | 36 | 0 | 1,557 | 589 | 0 | 1,557 | VISU |
| 1ST | 7+7/8 | 5+1/2 | 17 | 0 | 13,458 | 960 | 1,002 | 13,458 | CBL |

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 | 4,651 | | | | |
| SHARON SPRINGS | 7,446 | | | | |
| NIOBRARA | 7,675 | | | | |

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 a conventional horizontal (monobore).

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 | | | |
| 400849805 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400849803 | 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 | | | |
| 400849799 | PDF-MEASUREMENT/LOGGING WHILE DRILLING | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400849800 | LAS-MEASUREMENT/LOGGING WHILE DRILLING | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400849802 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400878099 | 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)