

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



Document Number:

400632102

Date Received:

06/30/2014

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 47120

Contact Name: Katie Kistner

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

Phone: (720) 9294317

Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

API Number 05-123-39079-00

County: WELD

Well Name: ELLIOTT STATE

Well Number: 8N-17HZ

Location: QtrQtr: SWNW Section: 17 Township: 3N Range: 67W Meridian: 6

Footage at surface: Distance: 1546 feet Direction: FNL Distance: 809 feet Direction: FWL

As Drilled Latitude: 40.228904 As Drilled Longitude: -104.920365

## GPS Data:

Date of Measurement: 04/07/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 1839 feet Direction: FNL Dist.: 203 feet Direction: FWL

Sec: 17 Twp: 3N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 1868 feet Direction: FNL Dist.: 77 feet Direction: FEL

Sec: 17 Twp: 3N Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/03/2014 Date TD: 05/21/2014 Date Casing Set or D&amp;A: 05/22/2014

Rig Release Date: Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 12352 TVD\*\* 6926 Plug Back Total Depth MD 12352 TVD\*\* 6926

Elevations GR 4813 KB 4827

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             | 1,238         | 481       | 0       | 1,238   | VISU   |
| 1ST         | 8+3/4        | 7              | 26    | 0             | 7,442         | 760       | 170     | 7,442   | CBL    |
| 1ST LINER   | 6+1/8        | 4+1/2          | 11.6  | 6508          | 12,337        |           |         |         | 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         | 4,070          |        |                  |       |   |
| SHARON SPRINGS | 7,046          |        |                  |       |   |
| NIOBRARA       | 7,184          |        |                  |       |   |

## Operator Comments

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: Katie KistnerTitle: Regulatory Analyst Date: 6/30/2014 Email: katie.kistner@anadarko.com**Attachment Check List**

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 400634116                   | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis         | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400632123                   | 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>    |                       |            |                                     |    |                                     |
| 400632102                   | FORM 5 SUBMITTED      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400632105                   | PDF-CEMENT BOND       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400632109                   | PDF-GAMMA RAY         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400632112                   | LAS-GAMMA RAY         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400632118                   | PDF-MUD               | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400632122                   | DIRECTIONAL DATA      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

### General Comments

| <u>User Group</u>   | <u>Comment</u>                                 | <u>Comment Date</u>      |
|---------------------|--|--------------------------|
| Engineering<br>Tech | PBTD adjusted to match TD; liner not cemented. | 10/19/2015<br>8:29:50 AM |

Total: 1 comment(s)