

FORM  
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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



Document Number:

400631241

Date Received:

08/26/2014

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 & GAS ONSHORE LP Phone: (720) 9294317  
Address: P O BOX 173779 Fax:  
City: DENVER State: CO Zip: 80217-

API Number 05-123-39293-00 County: WELD  
Well Name: NRC Well Number: 29N-32HZ  
Location: QtrQtr: NENW Section: 8 Township: 1N Range: 67W Meridian: 6  
Footage at surface: Distance: 612 feet Direction: FNL Distance: 2035 feet Direction: FWL  
As Drilled Latitude: 40.071168 As Drilled Longitude: -104.916636

GPS Data:  
Date of Measurement: 08/12/2014 PDOP Reading: 1.8 GPS Instrument Operator's Name: Ryan Scheuerman

\*\* If directional footage at Top of Prod. Zone Dist.: 52 feet Direction: FSL Dist.: 1509 feet. Direction: FWL  
Sec: 5 Twp: 1N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 17 feet Direction: FNL Dist.: 1531 feet. Direction: FWL  
Sec: 32 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) 05/04/2014 Date TD: 05/27/2014 Date Casing Set or D&A: 05/29/2014  
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 18522 TVD\*\* 7460 Plug Back Total Depth MD 18462 TVD\*\* 7462

Elevations GR 5035 KB 5060 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	437	0	1,238	VISU
1ST	8+3/4	7	26	0	7,924	760	0	7,924	CBL
1ST LINER	6+1/8	4+1/2	11.6	6781	18,511	800	6,781	18,511	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	4,616				
SHARON SPRINGS	7,462				
NIOBRARA	7,580				

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 Kistner

Title: Regulatory Analyst Date: 8/26/2014 Email: katie.kistner@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400636200	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400631255	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"/>
<b>Other Attachments</b>			
400631241	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400631249	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400631254	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400634061	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400634065	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400667199	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)