

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:

400698725

Date Received:

01/07/2016

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: ILA BEALE

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6408

Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

API Number 05-123-39191-00

County: WELD

Well Name: BAREFOOT

Well Number: 31C-25HZ

Location: QtrQtr: NENE Section: 25 Township: 3N Range: 68W Meridian: 6

Footage at surface: Distance: 599 feet Direction: FNL Distance: 514 feet Direction: FEL

As Drilled Latitude: 40.202911 As Drilled Longitude: -104.943616

GPS Data:

Date of Measurement: 06/23/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: Carli Sloan

** If directional footage at Top of Prod. Zone Dist.: 1479 feet Direction: FNL Dist.: 97 feet Direction: FWL

Sec: 30 Twp: 3N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1555 feet Direction: FNL Dist.: 188 feet Direction: FWL

Sec: 25 Twp: 3N Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/17/2014 Date TD: 08/14/2014 Date Casing Set or D&A: 08/16/2014

Rig Release Date: 09/07/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 13056 TVD** 7226 Plug Back Total Depth MD 13056 TVD** 7226

Elevations GR 4891 KB 4908

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	1,401	518	0	1,401	VISU
1ST	8+3/4	7	26	0	7,885	705	0	7,885	CBL
1ST LINER	6+1/8	4+1/2	11.6	6861	13,040				

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	4,522				
SHARON SPRINGS	7,170				
NIOBRARA	7,246				
FORT HAYS	7,775				
CODELL	8,392				Due to faulting we were unable to measure formation top. This is the depth at which we first drilled into the formation.

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: ILA BEALE

Title: STAFF REG. SPECIALIST Date: 1/7/2016 Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400701762	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400701761	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>					
400698725	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400701697	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400701734	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400701747	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400701749	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400701759	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Pushed to draft, per operator's request.	12/30/2015 10:13:51 AM
Engineer	Ila Beale emailed 10/6/2014: they mistakenly put Township 68W instead of 67W on well information tab. I corrected it on their behalf.	10/6/2014 11:13:03 AM

Total: 2 comment(s)