

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



DE ET OE ES

Document Number:
400973132

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: Jennifer Thomas
Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6808
Address: P O BOX 173779 Fax: _____
City: DENVER State: CO Zip: 80217-

API Number 05-123-41053-00 County: WELD
Well Name: WILSON RANCH Well Number: 13N-27HZ
Location: QtrQtr: SESE Section: 26 Township: 4N Range: 68W Meridian: 6
Footage at surface: Distance: 578 feet Direction: FSL Distance: 349 feet Direction: FEL
As Drilled Latitude: 40.278968 As Drilled Longitude: -104.961974

GPS Data:
Date of Measurement: 10/19/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Sergio Del Carmen

** If directional footage at Top of Prod. Zone Dist.: 771 feet. Direction: FSL Dist.: 1059 feet. Direction: FEL
Sec: 26 Twp: 4N Rng: 68W

** If directional footage at Bottom Hole Dist.: 809 feet. Direction: FSL Dist.: 483 feet. Direction: FWL
Sec: 27 Twp: 4N Rng: 68W

Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/14/2015 Date TD: 11/13/2015 Date Casing Set or D&A: 11/15/2015
Rig Release Date: 12/10/2015 Per Rule 308A.b.

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

Total Depth MD 16741 TVD** 7230 Plug Back Total Depth MD 16644 TVD** 7230

Elevations GR 5072 KB 5092 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	60	28	0	60	VISU
SURF	13+1/2	9+5/8	36	0	1,838	706	0	1,838	VISU
1ST	8+1/2	5+1/2	17	0	16,731	1,740	24	16,731	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	4,295				
SHARON SPRINGS	7,156				
NIOBRARA	7,229				

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted. Per rule 317.p Exception, no open hole logs were run on this pad. Cased hole compensated neutron logs were run as an alternate log on the Whisper Rock 4C-25HZ API# 12341069.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jennifer Thomas

Title: Regulatory Specialist Date: _____ Email: rscdjposdrill@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400973147	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400973145	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			
400973142	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400973143	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400973144	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400982088	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400982096	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)