

DRILLING COMPLETION REPORT

Document Number:
401062446

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: 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 05-123-40588-00 County: WELD
 Well Name: DOCHEFF Well Number: 34N-13HZ
 Location: QtrQtr: SESW Section: 14 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 975 feet Direction: FSL Distance: 1513 feet Direction: FWL
 As Drilled Latitude: 40.221603 As Drilled Longitude: -104.974205

GPS Data:
 Date of Measurement: 05/20/2016 PDOP Reading: 1.0 GPS Instrument Operator's Name: Carli Sloan

** If directional footage at Top of Prod. Zone Dist.: 215 feet. Direction: FSL Dist.: 694 feet. Direction: FWL
 Sec: 14 Twp: 3N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 189 feet. Direction: FSL Dist.: 294 feet. Direction: FWL
 Sec: 13 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) 04/15/2016 Date TD: 04/25/2016 Date Casing Set or D&A: 04/26/2016
 Rig Release Date: 05/12/2016 Per Rule 308A.b.

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

Total Depth MD 12637 TVD** 7207 Plug Back Total Depth MD 12533 TVD** 7208
 Elevations GR 4938 KB 4958 **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	100	56	0	100	VISU
SURF	13+1/2	9+5/8	36	0	1,891	702	0	1,891	VISU
1ST	8+1/2	5+1/2	17	0	12,627	1,590	204	12,627	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	4,281				
SHARON SPRINGS	7,321				
NIOBRARA	7,425				

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted. Logging exception letter submitted to COGCC. No open hole logs required on this pad.

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: jennifer.thomas@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401062528	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401062527	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			
401062457	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401062499	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401062501	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401062502	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401062521	DIRECTIONAL DATA	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)