

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



DE ET OE ES

Document Number:

400654006

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: Katie Kistner

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

Phone: (720) 929-4317

Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

API Number 05-123-37001-00

County: WELD

Well Name: MORNING FRESH

Well Number: 35N-15HZ

Location: QtrQtr: NWNW Section: 15 Township: 3N Range: 66W Meridian: 6

Footage at surface: Distance: 262 feet Direction: FNL Distance: 334 feet Direction: FWL

As Drilled Latitude: 40.231526 As Drilled Longitude: -104.771758

## GPS Data:

Date of Measurement: 06/12/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: Carli Sloan

\*\* If directional footage at Top of Prod. Zone Dist.: 628 feet. Direction: FNL Dist.: 1005 feet. Direction: FWL

Sec: 15 Twp: 3N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 6 feet. Direction: FSL Dist.: 867 feet. Direction: FWL

Sec: 15 Twp: 3N Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/21/2014 Date TD: 07/19/2014 Date Casing Set or D&amp;A: 07/21/2014

Rig Release Date: 07/13/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 12255 TVD\*\* 7191 Plug Back Total Depth MD 12219 TVD\*\* 7192

Elevations GR 4851 KB 4865 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

CBL, MUD, 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
SURF	13+1/2	9+5/8	36	0	1,030	385	0	1,030	VISU
1ST	8+3/4	7	26	0	7,623	780	170	7,623	CBL
1ST LINER	6+1/8	4+1/2	11.6	6682	12,228				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	4,538				
SHARON SPRINGS	7,081				
NIOBRARA	7,147				

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.

8/18/16 FORM 5 ADMENDED. RIG RELEASE DATE IS FOR THIS WELL. RIG RELEASE DATE FOR LAST WELL ON PAD WAS NOT IN PLACE WHEN THIS FORM WAS ORIGINALLY SUBMITTED.

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: \_\_\_\_\_

Email: katie.kistner@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400662599	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400654033	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>		
400654026	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400654032	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400658367	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400658372	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400660438	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)