

**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:

400653573

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 05-123-37000-00

County: WELD

Well Name: MORNING FRESH STATE

Well Number: 13N-15HZ

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

Footage at surface: Distance: 280 feet Direction: FNL Distance: 310 feet Direction: FWL

As Drilled Latitude: 40.231479 As Drilled Longitude: -104.771846

## 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.: 593 feet. Direction: FNL Dist.: 115 feet. Direction: FWL

Sec: 15 Twp: 3N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 26 feet. Direction: FSL Dist.: 242 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) 05/20/2014 Date TD: 07/11/2014 Date Casing Set or D&amp;A: 07/13/2014

Rig Release Date: 07/27/2016 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 12093 TVD\*\* 7077 Plug Back Total Depth MD 12069 TVD\*\* 7077

Elevations GR 4851 KB 4865 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             | 1,023         | 388       | 0       | 1,023   | VISU   |
| 1ST         | 8+3/4        | 7              | 26    | 0             | 7,423         | 770       | 40      | 7,423   | CBL    |
| 1ST LINER   | 6+1/8        | 4+1/2          | 11.6  | 6539          | 12,078        |           |         |         | 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         | 4,475          |        |                  |       |   |
| SHARON SPRINGS | 7,114          |        |                  |       |   |
| 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.

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> |  |   |
| 400662581                   | CMT Summary *                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|                             | Core Analysis                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400653583                   | 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>    |  |   |
| 400653581                   | PDF-MUD                                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400653582                   | DIRECTIONAL DATA                       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400658341                   | LAS-MEASUREMENT/LOGGING WHILE DRILLING | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400658344                   | PDF-MEASUREMENT/LOGGING WHILE DRILLING | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400658532                   | 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)