

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.

Document Number:
401095676

Date Received:

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 05-123-42143-00 County: WELD

Well Name: COOK Well Number: 28N-16HZ

Location: QtrQtr: SWSE Section: 16 Township: 2N Range: 65W Meridian: 6

Footage at surface: Distance: 545 feet Direction: FSL Distance: 1953 feet Direction: FEL

As Drilled Latitude: 40.132945 As Drilled Longitude: -104.666571

GPS Data:
Date of Measurement: 10/13/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Sergio Del Carmen

** If directional footage at Top of Prod. Zone Dist.: 113 feet. Direction: FSL Dist.: 2492 feet. Direction: FEL
Sec: 16 Twp: 2N Rng: 65W

** If directional footage at Bottom Hole Dist.: 151 feet. Direction: FNL Dist.: 2425 feet. Direction: FEL
Sec: 16 Twp: 2N Rng: 65W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/07/2015 Date TD: 11/05/2015 Date Casing Set or D&A: 11/07/2015

Rig Release Date: 12/16/2015 Per Rule 308A.b.

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

Total Depth MD 12610 TVD** 7084 Plug Back Total Depth MD 12514 TVD** 7082

Elevations GR 4887 KB 4912 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL

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	65	36	0	65	VISU
SURF	13+1/2	9+5/8	36	0	1,896	755	0	1,896	VISU
1ST	8+1/2	5+1/2	17	0	12,602	1,790	94	12,602	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	4,620				
SHARON SPRINGS	7,085				
NIOBRARA	7,173				

Comment:

Per Rule 317.p Exception, neutron logs have been run on the Cook 15C-28HZ well (API 05-123-42141).

CBL attached per Rule 502.b Variance for Rule 308A log submittal requirements. All other attachments and logs were included with the Preliminary Form 5, Doc # 400978655.

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: _____

Email: ila.beale@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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			
401099842	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)