

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



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Document Number:
401109600

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: 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 05-123-42304-00 County: WELD
 Well Name: LAND Well Number: 15C-32HZ
 Location: QtrQtr: NWNE Section: 32 Township: 2N Range: 66W Meridian: 6
 Footage at surface: Distance: 947 feet Direction: FNL Distance: 1735 feet Direction: FEL
 As Drilled Latitude: 40.099277 As Drilled Longitude: -104.797837

GPS Data:
 Date of Measurement: 08/23/2016 PDOP Reading: 2.0 GPS Instrument Operator's Name: Carli Sloan

** If directional footage at Top of Prod. Zone Dist.: 148 feet. Direction: FNL Dist.: 2270 feet. Direction: FEL
 Sec: 32 Twp: 2N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 62 feet. Direction: FSL Dist.: 2235 feet. Direction: FEL
 Sec: 32 Twp: 2N Rng: 66W

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

Spud Date: (when the 1st bit hit the dirt) 07/20/2016 Date TD: 08/02/2016 Date Casing Set or D&A: 08/03/2016
 Rig Release Date: 08/12/2016 Per Rule 308A.b.

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

Total Depth MD 13084 TVD** 7482 Plug Back Total Depth MD 12981 TVD** 7484

Elevations GR 4913 KB 4933 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR, CNL

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	64	0	100	VISU
SURF	13+1/2	9+5/8	36	0	1,558	510	0	1,558	VISU
1ST	7+7/8	5+1/2	17	0	13,074	1,310	190	13,074	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	5,066				
SHARON SPRINGS	7,312				
NIOBRARA	7,378				
FORT HAYS	7,817				
CODELL	7,922				

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, neutron logs have been run on the Land 15C-32 HZ well (API 05-123-42304).

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			
401115509	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401115506	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			
401115491	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401115494	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401115497	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401115498	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401115499	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401115502	DIRECTIONAL DATA	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)