

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:

401135273

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 &amp; GAS ONSHORE LP

Phone: (720) 929-6408

Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

API Number 05-069-06483-00

County: LARIMER

Well Name: FOLLEY SOUTH

Well Number: 3

Location: QtrQtr: SESE Section: 13 Township: 5N Range: 68W Meridian: 6

Footage at surface: Distance: 482 feet Direction: FSL Distance: 561 feet Direction: FEL

As Drilled Latitude: 40.393792 As Drilled Longitude: -104.946833

## GPS Data:

Date of Measurement: 10/05/2016 PDOP Reading: 2.0 GPS Instrument Operator's Name: Carli Sloan

\*\* If directional footage at Top of Prod. Zone Dist.: 983 feet. Direction: FNL Dist.: 679 feet. Direction: FEL

Sec: 24 Twp: 5N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 932 feet. Direction: FNL Dist.: 1803 feet. Direction: FWL

Sec: 23 Twp: 5N Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/24/2016 Date TD: 09/05/2016 Date Casing Set or D&amp;A: 09/06/2016

Rig Release Date: 09/08/2016 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 15995 TVD\*\* 6998 Plug Back Total Depth MD 15887 TVD\*\* 6997

Elevations GR 4887 KB 4907 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	64	0	100	VISU
SURF	13+1/2	9+5/8	36	0	1,856	715	0	1,856	VISU
1ST	8+1/2	5+1/2	17	0	15,982	2,150	22	15,982	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	4,004				
SHARON SPRINGS	7,008				
NIOBRARA	7,052				

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, open hole resistivity logs have been run on FOLLEY SOUTH #1 (API 05-069-06484).

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 ?
<u>Attachment Checklist</u>		
401135294	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401135293	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>		
401135282	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401135283	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401135284	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401135292	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)