

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



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Document Number:

401136521

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 05-123-41322-00

County: WELD

Well Name: WILSON RANCH

Well Number: 4C-27HZ

Location: QtrQtr: NENE Section: 26 Township: 4N Range: 68W Meridian: 6

Footage at surface: Distance: 727 feet Direction: FNL Distance: 722 feet Direction: FEL

As Drilled Latitude: 40.289913 As Drilled Longitude: -104.963313

GPS Data:

Date of Measurement: 11/06/2015 PDOP Reading: 1.0 GPS Instrument Operator's Name: Sergio Del Carmen

** If directional footage at Top of Prod. Zone Dist.: 1462 feet. Direction: FNL Dist.: 1399 feet. Direction: FEL

Sec: 26 Twp: 4N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1076 feet. Direction: FNL Dist.: 445 feet. Direction: FWL

Sec: 27 Twp: 4N Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/02/2015 Date TD: 09/14/2016 Date Casing Set or D&A: 09/14/2016

Rig Release Date: 10/11/2016 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 16456 TVD** 7268 Plug Back Total Depth MD 16350 TVD** 7272

Elevations GR 4953 KB 4973

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL, GR, USI

run on Whisper Rock 2N-25HZ - API 05-123-41319.

Per Rule 317.p OH GR Resistivity Log has been

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	60	28	0	60	VISU
SURF	13+1/2	9+5/8	36	0	1,868	718	0	1,868	VISU
1ST	7+7/8	5+1/2	17	0	16,446	1,720	182	16,446	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	4,179				
SHARON SPRINGS	7,007				
NIOBRARA	7,055				
FORT HAYS	7,602				
CODELL	8,232				

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted.

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>		
401136556	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401136555	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>		
401136532	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401136535	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401136536	PDF-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401136538	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401159599	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>
		Stamp Upon Approval

Total: 0 comment(s)