

DRILLING COMPLETION REPORT

Document Number:
401215690

Date Received:

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: Jennifer Thomas
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6808
 Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217-

API Number 05-123-41301-00 County: WELD
 Well Name: WHISPER ROCK Well Number: 1C-25HZ
 Location: QtrQtr: SENE Section: 26 Township: 4N Range: 68W Meridian: 6
 Footage at surface: Distance: 2080 feet Direction: FNL Distance: 598 feet Direction: FEL
 As Drilled Latitude: 40.286193 As Drilled Longitude: -104.962867

GPS Data:
 Date of Measurement: 11/02/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Sergio Del Carmen

** If directional footage at Top of Prod. Zone Dist.: 821 feet. Direction: FNL Dist.: 1124 feet. Direction: FEL
 Sec: 26 Twp: 4N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 737 feet. Direction: FNL Dist.: 487 feet. Direction: FEL
 Sec: 25 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) 10/24/2015 Date TD: 12/29/2015 Date Casing Set or D&A: 12/31/2015
 Rig Release Date: 01/06/2016 Per Rule 308A.b.

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

Total Depth MD 13830 TVD** 7348 Plug Back Total Depth MD 13694 TVD** 7349
 Elevations GR 4992 KB 5012 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL; CNL RUN ON WHISPER ROCK 2C-25HZ, API 0512341296

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	36	0	60	VISU
SURF	13+1/2	9+5/8	36	0	1,883	752	0	1,883	VISU
1ST	8+1/2	5+1/2	17	0	13,787	1,960	0	13,787	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	4,566				
SHARON SPRINGS	7,232				
NIOBRARA	7,290				
FORT HAYS	7,728				
CODELL	7,813				
CARLILE	11,062				

Comment:

Per Rule 371.p Exception, compensated neutron logs have been run on the WHISPER ROCK 2C-25HZ well (API 05-123-41296).
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 # 400991730.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Jennifer Thomas

Title: Regulatory Specialist

Date: _____

Email: jennifer.thomas@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	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"/>
<u>Other Attachments</u>			
401215713	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401215714	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)