

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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| DE | ET | OE | ES |
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Document Number:
401312327

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: SAMANTHA PETITE
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-3167
 Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217-

API Number 05-123-44120-00 County: WELD
 Well Name: CHICA Well Number: 31C-23HZ
 Location: QtrQtr: NWNW Section: 35 Township: 3N Range: 67W Meridian: 6
 Footage at surface: Distance: 301 feet Direction: FNL Distance: 312 feet Direction: FWL
 As Drilled Latitude: 40.188345 As Drilled Longitude: -104.866146

GPS Data:
 Date of Measurement: 02/27/2017 PDOP Reading: 1.3 GPS Instrument Operator's Name: ROB WILSON

** If directional footage at Top of Prod. Zone Dist.: 279 feet. Direction: FSL Dist.: 67 feet. Direction: FWL
 Sec: 26 Twp: 3N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 921 feet. Direction: FSL Dist.: 81 feet. Direction: FWL
 Sec: 23 Twp: 3N Rng: 67W

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

Spud Date: (when the 1st bit hit the dirt) 03/10/2017 Date TD: 05/07/2017 Date Casing Set or D&A: 05/08/2017
 Rig Release Date: 05/09/2017 Per Rule 308A.b.

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

Total Depth MD 17219 TVD** 7373 Plug Back Total Depth MD 17114 TVD** 7375

Elevations GR 4844 KB 4864 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR, CNL RUN ON CHICA 31C-23HZ API: 05-123-44120

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 | 0 | 120 | 80 | 0 | 120 | VISU |
| SURF | 13+1/2 | 9+5/8 | 36 | 0 | 2,330 | 888 | 0 | 2,330 | VISU |
| 1ST | 8+1/2 | 5+1/2 | 17 | 0 | 17,209 | 2,300 | 0 | 17,209 | 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 | 4,454 | | | | |
| SHARON SPRINGS | 7,073 | | | | |
| NIOBRARA | 7,191 | | | | |
| FORT HAYS | 7,686 | | | | |
| CODELL | 7,800 | | | | |
| CARLILE | 16,773 | | | | |

Comment:

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

Per Rule 371.p Exception, compensated neutron logs have been run on the CHICA 31C-23HZ well (API 05-123-44120).

The Top of Productive Zone provided is an estimate based on the landing point at 7856' MD.

Completion is estimated for Q4, 2017.

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

Signed: _____

Print Name: SAMANTHA PETITE

Title: REGULATORY COMPLIANCE

Date: _____

Email: samantha.petite@anadarko.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|-----------------------------------------|----------------------------------------|
| Attachment Checklist | | | |
| 401312383 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 401312381 | 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 | | | |
| 401312338 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401312341 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401312361 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401312365 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401312373 | LAS-NEUTRON | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401312376 | PDF-NEUTRON | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401312379 | DIRECTIONAL DATA | 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)