

FORM  
5Rev  
09/14State 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:

401363932

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: Jennifer Thomas

Name of Operator: KERR MCGEE OIL &amp; GAS ONSHORE LP

Phone: (720) 929-6808

Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

API Number 05-123-44319-00

County: WELD

Well Name: BUTTERBALL

Well Number: 40C-34HZ

Location: QtrQtr: NENE Section: 10 Township: 2N Range: 67W Meridian: 6

Footage at surface: Distance: 578 feet Direction: FNL Distance: 659 feet Direction: FEL

As Drilled Latitude: 40.158269 As Drilled Longitude: -104.869492

GPS Data:

Date of Measurement: 04/05/2017 PDOP Reading: 1.5 GPS Instrument Operator's Name: ROB WILSON

\*\* If directional footage at Top of Prod. Zone Dist.: 115 feet. Direction: FSL Dist.: 125 feet. Direction: FEL

Sec: 3 Twp: 2N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 2544 feet. Direction: FSL Dist.: 145 feet. Direction: FEL

Sec: 34 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) 05/01/2017 Date TD: 05/15/2017 Date Casing Set or D&amp;A: 05/16/2017

Rig Release Date: 06/09/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 15629 TVD\*\* 7448 Plug Back Total Depth MD 15531 TVD\*\* 7450

Elevations GR 4916 KB 4936 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	1,828	706	0	1,828	VISU
1ST	7+7/8	5+1/2	17	0	15,619	1,540	813	15,619	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	4,428				
SHARON SPRINGS	7,154				
NIOBRARA	7,251				
FORT HAYS	7,697				
CODELL	7,794				

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 BUTTERBALL 40C-34HZ well (API 05-123-44319).

The Top of Productive Zone provided is an estimate based on the landing point at 7848' MD.

Completion is estimated for Q1, 2018

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 Analyst Date: \_\_\_\_\_ Email: jennifer.thomas@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401364010	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401364008	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>		
401363967	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401363972	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401363996	LAS-NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401363998	PDF-NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401363999	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401364000	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401364007	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)