

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:

401425758

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 & GAS ONSHORE LP

Phone: (720) 929-6808

Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

API Number 05-123-42299-00

County: WELD

Well Name: GABEL

Well Number: 36C-8HZ

Location: QtrQtr: NWNE Section: 8 Township: 1N Range: 66W Meridian: 6

Footage at surface: Distance: 1097 feet Direction: FNL Distance: 1481 feet Direction: FEL

As Drilled Latitude: 40.069939 As Drilled Longitude: -104.796963

GPS Data:

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

** If directional footage at Top of Prod. Zone Dist.: 401 feet. Direction: FNL Dist.: 2712 feet. Direction: FEL

Sec: 8 Twp: 1N Rng: 66W

** If directional footage at Bottom Hole Dist.: 41 feet. Direction: FSL Dist.: 2642 feet. Direction: FWL

Sec: 8 Twp: 1N Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/14/2017 Date TD: 07/13/2017 Date Casing Set or D&A: 07/14/2017

Rig Release Date: 08/15/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 13309 TVD** 7473 Plug Back Total Depth MD 13208 TVD** 7479

Elevations GR 4943 KB 4975 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	0	112	64	0	112	VISU
SURF	13+1/2	9+5/8	36	0	1,847		0	1,847	VISU
1ST	7+7/8	5+1/2	20	0	13,300	1,335	636	13,300	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	4,899				
SHARON SPRINGS	7,545				
NIOBRARA	7,606				
FORT HAYS	9,300				
CODELL	9,624				

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, compensated neutron logs have been run on the GABEL 36C-8HZ well (API 0512342299).
Completion for this well is estimated Q1, 2018.
The Top of Productive Zone provided is an estimate based on the landing point at 8468' MD.
As-drilled GPS data was taken after conductor was set.

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>		
401425854	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401425853	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>		
401425827	LAS-NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401425833	PDF-NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401425839	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401425841	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401425842	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401425845	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401425851	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)