

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:
401485139

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: CRYSTAL MCCLAIN
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 9294398
 Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217-

API Number 05-123-44226-00 County: WELD
 Well Name: ROCKY Well Number: 38N-33HZ
 Location: QtrQtr: NENE Section: 33 Township: 2N Range: 65W Meridian: 6
 Footage at surface: Distance: 259 feet Direction: FNL Distance: 451 feet Direction: FEL
 As Drilled Latitude: 40.101612 As Drilled Longitude: -104.660867

GPS Data:
 Date of Measurement: 08/10/2017 PDOP Reading: 1.2 GPS Instrument Operator's Name: TRAVIS HOLLAND

** If directional footage at Top of Prod. Zone Dist.: 798 feet. Direction: FSL Dist.: 453 feet. Direction: FEL
 Sec: 28 Twp: 2N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 472 feet. Direction: FSL Dist.: 327 feet. Direction: FEL
 Sec: 33 Twp: 2N Rng: 65W

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

Spud Date: (when the 1st bit hit the dirt) 08/15/2017 Date TD: 09/21/2017 Date Casing Set or D&A: 09/22/2017
 Rig Release Date: 10/15/2017 Per Rule 308A.b.

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

Total Depth MD 13397 TVD** 7122 Plug Back Total Depth MD 13293 TVD** 7124

Elevations GR 4929 KB 4946 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
GR, CBL, OHL-RESISTIVITY LOG

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 | 97 | 64 | 0 | 97 | VISU |
| SURF | 13+1/2 | 9+5/8 | 36 | 0 | 1,911 | 686 | 0 | 1,911 | VISU |
| 1ST | 8+1/2 | 5+1/2 | 20 | 0 | 13,387 | 1,760 | 1,290 | 13,387 | 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 | 4,634 | | | | |
| SHARON SPRINGS | 7,394 | | | | |
| NIOBRARA | 7,465 | | | | |

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, open hole resistivity logs have been run on this well.

The Top of Productive Zone provided is an estimate based on the landing point at 7821' MD.

As-drilled GPS data was taken after conductor was set.

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: CRYSTAL MCCLAIN

Title: REGULATORY ANALYST

Date: _____

Email: CRYSTAL.MCCLAIN@ANADARKO.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 401485433 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 401485432 | 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 | | | |
| 401485361 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401485362 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401485382 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401485383 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401485385 | LAS-RESISTIVITY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401485386 | PDF-RESISTIVITY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401485431 | 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)