

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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Document Number:
401501856

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 05-123-45530-00 County: WELD
 Well Name: MEGUIRE Well Number: 1
 Location: QtrQtr: SWNW Section: 21 Township: 2N Range: 65W Meridian: 6
 Footage at surface: Distance: 2462 feet Direction: FNL Distance: 460 feet Direction: FWL
 As Drilled Latitude: 40.124702 As Drilled Longitude: -104.676773

GPS Data:
 Date of Measurement: 09/25/2017 PDOP Reading: 1.9 GPS Instrument Operator's Name: RYAN GROVES

** If directional footage at Top of Prod. Zone Dist.: 0 feet. Direction: FNL Dist.: 0 feet. Direction: FEL
 Sec: NA Twp: NA Rng: NA
 ** If directional footage at Bottom Hole Dist.: 2197 feet. Direction: FNL Dist.: 827 feet. Direction: FWL
 Sec: 21 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) 09/27/2017 Date TD: 10/12/2017 Date Casing Set or D&A: 10/14/2017
 Rig Release Date: 11/05/2017 Per Rule 308A.b.

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

Total Depth MD 4795 TVD** 4739 Plug Back Total Depth MD 3800 TVD** 3747

Elevations GR 4896 KB 4916 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
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	100	64	0	100	VISU
SURF	13+1/2	9+5/8	36	0	2,051	830	0	2,051	VISU
1ST	8+1/2	7	26	0	4,736	340	0	4,736	VISU

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	4,395				
PIERRE	4,656				

Comment:

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

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

This well was drilled to intercept the Adamson 35C-28HZ well in order to plug and abandon it. This Form 5 only includes the drilling information for the dry hole. All information related to the plugs for this well will be included in the subsequent Form 6SRA, per verbal guidance from Diana Burn on 1/4/18.

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			
401501882	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401501881	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			
401501875	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401501876	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401501880	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)