

**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.

Document Number:  
401623024

Date Received:

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 05-123-44199-00 County: WELD

Well Name: LEINWEBER Well Number: 37N-11HZ

Location: QtrQtr: NENE Section: 11 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 314 feet Direction: FNL Distance: 711 feet Direction: FEL

As Drilled Latitude: 40.071893 As Drilled Longitude: -104.851235

GPS Data:  
Date of Measurement: 11/08/2017 PDOP Reading: 1.3 GPS Instrument Operator's Name: PRESTON KNUTSEN

\*\* If directional footage at Top of Prod. Zone Dist.: 87 feet. Direction: FNL Dist.: 1266 feet. Direction: FEL  
Sec: 11 Twp: 1N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 104 feet. Direction: FSL Dist.: 1337 feet. Direction: FEL  
Sec: 11 Twp: 1N Rng: 67W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 11/04/2017 Date TD: 02/09/2018 Date Casing Set or D&A: 02/10/2018

Rig Release Date: 03/05/2018 Per Rule 308A.b.

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

Total Depth MD 12971 TVD\*\* 7349 Plug Back Total Depth MD 12916 TVD\*\* 7348

Elevations GR 4965 KB 4982 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
GR, MIT, CBL, CNL RUN ON THE LEINWEBER 16C-11HZ WELL (API: 05-123-44198).

**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	1,515	573	0	1,515	VISU
1ST	8+1/2	7	26	0	6,095	400	1,150	6,095	CBL
1ST LINER	6+1/8	4+1/2	11.6	5883	12,967	430	5,883	12,967	CALC

### 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	4,644				
SHARON SPRINGS	7,453				
NIOBRARA	7,543				

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 Leinweber 16C-11HZ Well (API: 05-123-44198).

The Top of Productive Zone provided is an estimate based on the landing point at 7890' MD.

Completion is estimated for Q3 2018.

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 ?	
<b>Attachment Checklist</b>			
401623193	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401623192	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"/>
<b>Other Attachments</b>			
401623167	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401623169	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401623183	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401623184	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401623185	LAS-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401623187	PDF-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401623195	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)