

Document Number:
401699988

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 05-123-46108-00 County: WELD
 Well Name: AZUL Well Number: 13-33HZ
 Location: QtrQtr: SESW Section: 13 Township: 1N Range: 66W Meridian: 6
 Footage at surface: Distance: 700 feet Direction: FSL Distance: 2446 feet Direction: FWL
 As Drilled Latitude: 40.045960 As Drilled Longitude: -104.726216

GPS Data:
 Date of Measurement: 02/03/2018 PDOP Reading: 1.4 GPS Instrument Operator's Name: ROB WILSON

** If directional footage at Top of Prod. Zone Dist.: 124 feet. Direction: FSL Dist.: 1091 feet. Direction: FEL
 Sec: 13 Twp: 1N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 474 feet. Direction: FNL Dist.: 1128 feet. Direction: FEL
 Sec: 13 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) 02/10/2018 Date TD: 04/18/2018 Date Casing Set or D&A: 04/19/2018
 Rig Release Date: 06/02/2018 Per Rule 308A.b.

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

Total Depth MD 13094 TVD** 7472 Plug Back Total Depth MD 13079 TVD** 7473
 Elevations GR 5050 KB 5071 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
GR, CBL, CNL RUN ON THE AZUL 13-14HZ WELL (API: 05-123-46107).

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	101	64	0	101	VISU
SURF	13+1/2	9+5/8	36	0	1,901	676	0	1,901	VISU
1ST	7+7/8	5+1/2	17	0	13,088	1,170	21	13,088	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	
FOX HILLS	1,650				
PARKMAN	4,534				
SUSSEX	4,931				
SHARON SPRINGS	7,562				
NIOBRARA	7,589				
FORT HAYS	8,149				
CODELL	8,239				
CARLILE	8,337				

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 Azul 13-14HZ Well (API: 05-123-46107).

The Top of Productive Zone provided is an estimate based on the landing point at 8392' MD.

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

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 ?	
Attachment Checklist			
401700035	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401700034	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			
401700029	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401700030	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401700037	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401720100	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401720101	PDF-CEMENT BOND	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)