

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



Document Number:

400999133

Date Received:

03/02/2016

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: <u>47120</u>	Contact Name: <u>DOREEN GREEN</u>
Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(435) 781-9758</u>
Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

API Number <u>05-123-14601-00</u>	County: <u>WELD</u>
Well Name: <u>CHAMPLIN 203 AMOCO 'A'</u>	Well Number: <u>1</u>
Location: QtrQtr: <u>SENE</u> Section: <u>5</u> Township: <u>3N</u> Range: <u>66W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1444</u> feet Direction: <u>FNL</u> Distance: <u>1124</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.256928</u> As Drilled Longitude: <u>-104.795911</u>	

## GPS Data:

Date of Measurement: 10/16/2008 PDOP Reading: 2.4 GPS Instrument Operator's Name: Cody Mattson

\*\* If directional footage at Top of Prod. Zone Dist.: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

\*\* If directional footage at Bottom Hole Dist.: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

Field Name: WATTENBERG Field Number: 90750Federal, Indian or State Lease Number: COC-20798Spud Date: (when the 1st bit hit the dirt) 05/04/1990 Date TD: 05/11/1990 Date Casing Set or D&A: \_\_\_\_\_Rig Release Date: 02/04/2016 Per Rule 308A.b.

## Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation
Total Depth MD 7967 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 7872 TVD\*\* \_\_\_\_\_Elevations GR 4780 KB 4790 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

## 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
SURF	12+1/4	8+5/8	24	0	535	380	0	535	VISU
1ST	7+7/8	5+1/2	17	0	7,965	350	5,794	7,965	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 02/04/2016

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	4,933	180	4,160	4,950
1 INCH	1ST	1,471	185	610	1,530

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	

Operator Comments

BRADENHEAD-ANNULAR FILL

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: DOREEN GREEN

Title: REGULATORY ANALYST Date: 3/2/2016 Email: RSCDJPOSTDRILL@ANADARKO.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?
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#### Attachment Checklist

400999153	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400999157	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### Other Attachments

400999133	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400999142	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400999152	GYRO SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400999155	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400999192	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Remedial cement repair; all required attachments are present. <ul style="list-style-type: none"><li>• Corrected the surface string casing "Status" to VISU</li><li>• Corrected the "Date Rig Released" per the Operations Summary</li><li>• Updated "Date TD" per the original Well Completion Report</li></ul>	10/05/2018
Permit	Gyro Survey: updated deviation indicator. Passed permit review	08/29/2018

Total: 2 comment(s)