

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:

401420065

Date Received:

10/04/2017

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>CANDICE BARBER</u>
Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(970) 515-1671</u>
Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

API Number <u>05-123-14763-00</u>	County: <u>WELD</u>
Well Name: <u>GEORGE STIEBER UNIT A</u>	Well Number: <u>1</u>
Location: QtrQtr: <u>NWSE</u> Section: <u>24</u> Township: <u>1N</u> Range: <u>67W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1530</u> feet Direction: <u>FSL</u> Distance: <u>1650</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: _____	As Drilled Longitude: _____

GPS Data:

Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** 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: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/12/1990 Date TD: 10/20/1990 Date Casing Set or D&A: _____Rig Release Date: 09/08/2017 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation
Total Depth MD 8236 TVD** _____ Plug Back Total Depth MD 8195 TVD** _____Elevations GR 4927 KB 4937 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

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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	878	580	0	878	VISU
1ST	7+7/8	5+1/2	17	0	8,236	350	6,422	8,236	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/08/2017

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	1,500	185	610	1,640
SQUEEZE	1ST	4,430	20	4,254	4,431
SQUEEZE	1ST	5,000	55	4,517	5,004

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

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

Signed: _____ Print Name: CANDICE BARBER

Title: REGULATORY ANALYST Date: 10/4/2017 Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401420329	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"/>
401420274	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
401420065	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401420222	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401420330	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401420333	GYRO SURVEY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401420349	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">• Corrected the surface string casing "Status" to VISU• Corrected the first string casing "Status" to CBL• Corrected the "Date Rig Released" per the Operations Summary	10/08/2018
Permit	Gyro Survey: updated deviation indicator. Passed permit review	09/07/2018

Total: 2 comment(s)