

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



DE ET OE ES

Document Number:

402118405

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: David Van der Vieren

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP

Phone: (720) 9293812

Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

API Number 05-123-48452-00

County: WELD

Well Name: BUDDY

Well Number: 7-13HZ

Location: QtrQtr: NENE Section: 7 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 818 feet Direction: FNL Distance: 1020 feet Direction: FEL

As Drilled Latitude: 40.070708 As Drilled Longitude: -104.927554

GPS Data:

Date of Measurement: 01/10/2019 PDOP Reading: 1.4 GPS Instrument Operator's Name: Travis Holland

** If directional footage at Top of Prod. Zone Dist.: 90 feet. Direction: FNL Dist.: 961 feet. Direction: FEL

Sec: 07 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 601 feet. Direction: FNL Dist.: 992 feet. Direction: FEL

Sec: 31 Twp: 2N Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/31/2018 Date TD: 05/04/2019 Date Casing Set or D&A: 05/05/2019

Rig Release Date: 05/26/2019 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 18195 TVD** 7621 Plug Back Total Depth MD 18180 TVD** 7621

Elevations GR 5072 KB 5093 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL, MWD/LWD, GR/RES

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	12+1/4	9+5/8	36	0	1,880	450	0	1,880	VISU
1ST	7+7/8	5+1/2	17	0	18,185	1,740	80	18,185	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	1,252				
PARKMAN	4,248				
SUSSEX	4,627				
SHARON SPRINGS	7,449				
NIOBRARA	7,514				

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, Open Hole Resistivity Logs have been run on this well.

The Top of Productive Zone provided is an estimate based on the landing point at 8055' MD.

Completion is estimated for Q2 2020.

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

Signed: _____

Print Name: David Van der Vieren

Title: Sr Regulatory Analyst

Date: _____

Email: david.vandervieren@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402118622	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402118624	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"/>
<u>Other Attachments</u>		
402118593	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402118597	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402118602	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402118607	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402118639	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402119076	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402119077	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)

