

DRILLING COMPLETION REPORT

Document Number:
401898732

Date Received:

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 05-123-47265-00 County: WELD

Well Name: HENDU Well Number: 23-13HZ

Location: QtrQtr: NENE Section: 23 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 293 feet Direction: FNL Distance: 434 feet Direction: FEL

As Drilled Latitude: 40.130223 As Drilled Longitude: -104.736432

GPS Data:
Date of Measurement: 12/03/2018 PDOP Reading: 1.3 GPS Instrument Operator's Name: ROB WILSON

** If directional footage at Top of Prod. Zone Dist.: 177 feet. Direction: FNL Dist.: 71 feet. Direction: FWL
Sec: 24 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 234 feet. Direction: FNL Dist.: 27 feet. Direction: FEL
Sec: 24 Twp: 2N Rng: 66W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 09/05/2018 Date TD: 11/11/2018 Date Casing Set or D&A: 11/12/2018

Rig Release Date: 11/13/2018 Per Rule 308A.b.

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

Total Depth MD 13212 TVD** 7491 Plug Back Total Depth MD 13202 TVD** 7488

Elevations GR 5100 KB 5121 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD/LWD. (GR/RES in API 123-47263).

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	1,838	712	0	1,838	VISU
1ST	7+7/8	5+1/2	17	0	13,202	1,210	1,600	13,202	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	1,493				
PARKMAN	4,208				
SUSSEX	4,576				
SHARON SPRINGS	7,192				
NIOBRARA	7,271				
FORT HAYS	7,711				
CODELL	7,791				
CARLILE	7,890				

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 the Hendu 23-12HZ Well (API 123-47263).

The Top of Productive Zone provided is an estimate based on the landing point at 8006' MD.

Completion is estimated for Q1 2019.

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			
401898757	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401898756	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			
401898747	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401898749	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401898750	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401898751	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401898759	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)

