

FORM
5
Rev
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



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Document Number:
402152348

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 05-123-49758-00 County: WELD
 Well Name: MC Well Number: 3-1HZ
 Location: QtrQtr: NWSW Section: 3 Township: 1N Range: 68W Meridian: 6
 Footage at surface: Distance: 1427 feet Direction: FSL Distance: 282 feet Direction: FWL
 As Drilled Latitude: 40.076949 As Drilled Longitude: -104.997932

GPS Data:
 Date of Measurement: 04/16/2019 PDOP Reading: 1.2 GPS Instrument Operator's Name: TOBY OSBORN

** If directional footage at Top of Prod. Zone Dist.: 635 feet. Direction: FSL Dist.: 2587 feet. Direction: FEL
 Sec: 04 Twp: 1N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 51 feet. Direction: FSL Dist.: 2551 feet. Direction: FEL
 Sec: 16 Twp: 1N Rng: 68W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 04/10/2019 Date TD: 05/30/2019 Date Casing Set or D&A: 05/31/2019
 Rig Release Date: 06/30/2019 Per Rule 308A.b.

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

Total Depth MD 19933 TVD** 7819 Plug Back Total Depth MD 19915 TVD** 7816

Elevations GR 5044 KB 5070 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD/LWD, GR/CNL

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	106	64	0	106	VISU
SURF	13+1/2	9+5/8	36	0	1,931	874	0	1,931	VISU
1ST	8+1/2	5+1/2	17	0	19,928	2,446	1,540	19,928	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	1,101				
PARKMAN	4,406				
SUSSEX	4,824				
SHARON SPRINGS	7,937				
NIOBRARA	7,998				
FORT HAYS	8,581				
CODELL	8,704				
CARLILE	19,359				

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted.

Alternative Logging Program - No Open Hole Logs were run.

Per Rule 317.p Exception, Compensated Neutron Logs have been run on this Well (API 123-49758).

The Top of Productive Zone provided is an estimate based on the landing point at 8714' 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@OXY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402152445	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402152447	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			
402152433	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402152434	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402152437	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402152438	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402152442	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402152443	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402152449	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)

