

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



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Document Number:

402152503

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 05-123-49760-00

County: WELD

Well Name: MC

Well Number: 3-3HZ

Location: QtrQtr: NWSW Section: 3 Township: 1N Range: 68W Meridian: 6

Footage at surface: Distance: 1427 feet Direction: FSL Distance: 312 feet Direction: FWL

As Drilled Latitude: 40.076948 As Drilled Longitude: -104.997824

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.: 605 feet. Direction: FSL Dist.: 1695 feet. Direction: FEL

Sec: 04 Twp: 1N Rng: 68W

** If directional footage at Bottom Hole Dist.: 50 feet. Direction: FSL Dist.: 1614 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: 06/10/2019 Date Casing Set or D&A: 06/12/2019

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 19507 TVD** 7594 Plug Back Total Depth MD 19482 TVD** 7593

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 (GR/RES in API 123-49758).

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	1,873	737	0	1,873	VISU
1ST	8+1/2	5+1/2	17	0	19,496	2,383	1,210	19,496	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	1,095				
PARKMAN	4,455				
SUSSEX	4,886				
SHARON SPRINGS	7,850				
NIOBRARA	7,946				

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 the MC 3-1HZ Well (API 123-49758).

The Top of Productive Zone provided is an estimate based on the landing point at 8335' 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 ?	
<u>Attachment Checklist</u>			
402152525	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402152523	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>			
402152511	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402152514	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402152517	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402152520	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402152531	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)

