

FORM  
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Rev  
02/20

# 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:

402343888

Date Received:

## 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/or 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>CRYSTAL MCCLAIN</u>
Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 9294398</u>
Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>CRYSTAL_MCCLAIN@OXY.COM</u>

API Number <u>05-069-06508-00</u>	County: <u>LARIMER</u>
Well Name: <u>JODSTER NORTH</u>	Well Number: <u>25-3HZ</u>
Location: QtrQtr: <u>SENE</u> Section: <u>25</u> Township: <u>5N</u> Range: <u>68W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>1548</u> feet Direction: <u>FNL</u> Distance: <u>1092</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.373801</u> As Drilled Longitude: <u>-104.949092</u>	
GPS Data: GPS Quality Value: <u>1.3</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>08/16/2019</u>	
GPS Instrument Operator's Name: <u>CHAD GARDNER</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>432</u> feet Direction: <u>FNL</u> Dist: <u>86</u> feet Direction: <u>FWL</u>	
Sec: <u>30</u> Twp: <u>5N</u> Rng: <u>67W</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>403</u> feet Direction: <u>FNL</u> Dist: <u>158</u> feet Direction: <u>FEL</u>	
Sec: <u>29</u> Twp: <u>5N</u> Rng: <u>67W</u>	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 08/20/2019 Date TD: 01/10/2020 Date Casing Set or D&A: 01/10/2020  
 Rig Release Date: 01/19/2020 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 17610 TVD\*\* 6781 Plug Back Total Depth MD 17597 TVD\*\* 6782

Elevations GR 4861 KB 4887 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CBL, MWD/LWD. (GR/RES in API 069-06507).

### 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	1,864	665	0	1,864	VISU
1ST	7+7/8	5+1/2	17	0	17,604	1,590	1,300	17,604	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:

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### 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	1,355				
PARKMAN	3,457				
SUSSEX	3,977				
SHARON SPRINGS	7,102				
NIOBRARA	7,158				

Operator Comments:

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.

Open Hole Log was run on the Jodster South 25-7HZ well (API 069-06507).

The Top of Productive Zone provided is an estimate based on the landing point at 7373' MD.

Completion is estimated for Q3 2020.

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@OXY.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402343931	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402343934	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>			
402343915	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402343917	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402343929	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402343930	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402345114	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)

