

FORM
5Rev
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:

402376394

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 completionOGCC Operator Number: 47120Contact Name: CRYSTAL MCCLAINName of Operator: KERR MCGEE OIL & GAS ONSHORE LPPhone: (720) 9294398Address: P O BOX 173779

Fax: _____

City: DENVER State: CO Zip: 80217-Email: CRYSTAL_MCCLAIN@OXY.COMAPI Number 05-123-50637-00County: WELDWell Name: WINDSOCKWell Number: 21-1HZLocation: QtrQtr: SWSE Section: 21 Township: 1N Range: 68W Meridian: 6
FNL/FSL FEL/FWLFootage at surface: Distance: 370 feet Direction: FSL Distance: 2374 feet Direction: FELAs Drilled Latitude: 40.030383 As Drilled Longitude: -105.007611GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 12/17/2019GPS Instrument Operator's Name: NICK KACZMARCCZYK

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 165 feet Direction: FSL Dist: 343 feet Direction: FWL
Sec: 21 Twp: 1N Rng: 68W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: 56 feet Direction: FNL Dist: 334 feet Direction: FWL
Sec: 16 Twp: 1N Rng: 68WField Name: WATTENBERGField Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 12/05/2019 Date TD: 02/19/2020 Date Casing Set or D&A: 02/21/2020Rig Release Date: 02/22/2020 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 19226 TVD** 7837 Plug Back Total Depth MD 19206 TVD** 7837Elevations GR 5222 KB 5242Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MWD/LWD. (GR/CNL in API 123-50633).

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	100	64	0	100	VISU
SURF	13+1/2	9+5/8	36	0	1,902	740	0	1,902	VISU
1ST	7+7/8	5+1/2	17	0	19,216	1,781	580	19,216	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	1,323				
PARKMAN	4,770				
SUSSEX	6,133				
SHARON SPRINGS	8,122				
NIOBRARA	8,173				

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.

Per Rule 317.p Exception, Cased Hole Neutron Logs have been run on the Windsock 21-5HZ well (API 123-50633).

The Top of Productive Zone provided is an estimate based on the landing point at 7890' MD.

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>		
402376487	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402376489	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>		
402376466	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402376468	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402376470	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402376490	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402378437	LAS-MWD/LWD	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)

