

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:

402376504

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: 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- Email: CRYSTAL_MCCLAIN@OXY.COM

API Number 05-123-50631-00 County: WELD
Well Name: WINDSOCK Well Number: 21-2HZ
Location: QtrQtr: SWSE Section: 21 Township: 1N Range: 68W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 359 feet Direction: FSL Distance: 2364 feet Direction: FEL
As Drilled Latitude: 40.030353 As Drilled Longitude: -105.007573
GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 12/25/2019
GPS Instrument Operator's Name: NICK KACZMARCZYK
FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 96 feet Direction: FSL Dist: 1266 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: 963 feet Direction: FWL
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) 12/06/2019 Date TD: 02/12/2020 Date Casing Set or D&A: 02/13/2020
Rig Release Date: 02/22/2020 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 19017 TVD** 7744 Plug Back Total Depth MD 18992 TVD** 7744

Elevations GR 5222 KB 5242 Digital 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	1,896	708	0	1,896	VISU
1ST	7+7/8	5+1/2	17	0	19,006	1,753	930	19,006	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	4,821				
SUSSEX	6,117				
SHARON SPRINGS	7,999				
NIOBRARA	8,070				

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 8685' 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>			
402376537	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402376540	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>			
402376531	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402376532	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402376533	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402376535	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402376541	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)

