

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:

402385422

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 05-069-06526-00

County: LARIMER

Well Name: FOLLEY

Well Number: 13-8HZ

Location: QtrQtr: NESE Section: 13 Township: 5N Range: 68W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2118 feet Direction: FSL Distance: 450 feet Direction: FEL

As Drilled Latitude: 40.398287 As Drilled Longitude: -104.946353

GPS Data: GPS Quality Value: 1.3 Type of GPS Quality Value: PDOP Date of Measurement: 01/07/2020

GPS Instrument Operator's Name: NICK KACZMARCZYK

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 1764 feet Direction: FSL Dist: 97 feet Direction: FEL
Sec: 13 Twp: 5N Rng: 68W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: 1752 feet Direction: FSL Dist: 2144 feet Direction: FEL
Sec: 15 Twp: 5N Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/14/2020 Date TD: 02/28/2020 Date Casing Set or D&A: 03/01/2020

Rig Release Date: 03/02/2020 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 20364 TVD** 6805 Plug Back Total Depth MD 20104 TVD** 6805

Elevations GR 4906 KB 4932

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MWD/LWD. (GR/RES in API 069-06530).

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	1,903	709	0	1,903	VISU
1ST	8+1/2	5+1/2	17	0	20,119	2,495	170	20,119	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	918				
PARKMAN	3,526				
SUSSEX	4,062				
SHARON SPRINGS	7,132				
NIOBRARA	7,233				

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, Open Hole Resistivity Logs have been run on the Folley 13-2HZ well (API 069-06530).

The Top of Productive Zone provided is an estimate based on the landing point at 7522' MD.

As-drilled GPS data was taken after conductor was set.

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>		
402385427	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402385429	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>		
402385423	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402385424	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402385425	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402385426	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402385430	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)

