

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:

402409144

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 05-123-50518-00 County: WELD
Well Name: MAE J Well Number: 8-7HZ
Location: QtrQtr: SESW Section: 8 Township: 1N Range: 68W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 806 feet Direction: FSL Distance: 2415 feet Direction: FWL
As Drilled Latitude: 40.060460 As Drilled Longitude: -105.028604
GPS Data: GPS Quality Value: 1.9 Type of GPS Quality Value: PDOP Date of Measurement: 09/26/2019
GPS Instrument Operator's Name: RYAN GROVES
FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 46 feet Direction: FSL Dist: 364 feet Direction: FEL
Sec: 8 Twp: 1N Rng: 68W
FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 53 feet Direction: FNL Dist: 381 feet Direction: FEL
Sec: 8 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) 10/08/2019 Date TD: 03/15/2020 Date Casing Set or D&A: 03/16/2020
Rig Release Date: 04/09/2020 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 13845 TVD** 7598 Plug Back Total Depth MD 13835 TVD** 7598
Elevations GR 5083 KB 5103 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, MWD/LWD. (GR/CNL in API 123-50510).

Empty box for additional notes or comments.

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	1,925	719	0	1,925	VISU
1ST	7+7/8	5+1/2	17	0	13,835	1,183	2,470	13,835	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	1,078				
PARKMAN	4,498				
SUSSEX	4,882				
SHARON SPRINGS	8,079				
NIOBRARA	8,154				

Operator Comments:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted.

Per Rule 317.p Exception, Cased Hole Neutron Logs have been run on the Mae J 8-1HZ Well (API 123-50510).

The Top of Productive Zone provided is an estimate based on the landing point at 8031' 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>			
402409838	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402409840	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>			
402409832	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402409833	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402409835	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402409836	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402409842	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)

