

FORM
5

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:

402412595

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 & 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>05-123-50776-00</u>	County: <u>WELD</u>
Well Name: <u>DAMORE</u>	Well Number: <u>18-6HZ</u>
Location: QtrQtr: <u>SWNW</u> Section: <u>18</u> Township: <u>5N</u> Range: <u>67W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>2224</u> feet Direction: <u>FNL</u> Distance: <u>700</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.400854</u> As Drilled Longitude: <u>-104.942177</u>	
GPS Data: GPS Quality Value: <u>1.4</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>02/17/2020</u>	
GPS Instrument Operator's Name: <u>NICK KACZMARCZYK</u>	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>2248</u> feet Direction: <u>FSL</u> Dist: <u>90</u> feet Direction: <u>FEL</u>	
Sec: <u>13</u> Twp: <u>5N</u> Rng: <u>68W</u>	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>2304</u> feet Direction: <u>FSL</u> Dist: <u>480</u> feet Direction: <u>FEL</u>	
Sec: <u>15</u> Twp: <u>5N</u> Rng: <u>68W</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) 02/24/2020 Date TD: 04/02/2020 Date Casing Set or D&A: 04/06/2020
 Rig Release Date: 04/18/2020 Per Rule 308A.b.

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

Total Depth MD <u>17728</u> TVD** <u>7219</u> Plug Back Total Depth MD <u>17678</u> TVD** <u>7221</u>
Elevations GR <u>4922</u> KB <u>4948</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

List Electric Logs Run:
CBL, MWD/LWD. (GR/RES in API 123-50774).

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	1,901	708	0	1,901	VISU
1ST	7+7/8	5+1/2	17	0	17,692	1,612	1,470	17,692	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	936				
PARKMAN	3,610				
SUSSEX	4,163				
SHARON SPRINGS	7,114				
NIOBRARA	7,163				
FORT HAYS	7,672				
CODELL	7,732				

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 Damore 18-2HZ well (API 123-50774).

The Top of Productive Zone provided is an estimate based on the landing point at 7879' 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 ?	
Attachment Checklist			
402412615	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402412617	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"/>
Other Attachments			
402412599	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402412600	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402412606	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402412614	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402412618	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)

