

FORM  
5

Rev  
02/20

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

402416114

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: Callie Fiddes  
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-4361  
 Address: P O BOX 173779 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80217- Email: Callie\_Fiddes@Oxy.com

API Number 05-123-50771-00 County: WELD  
 Well Name: PROWANT Well Number: 18-5HZ  
 Location: QtrQtr: NWNW Section: 18 Township: 5N Range: 67W Meridian: 6  
 FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
 Footage at surface: Distance: 711 feet Direction: FNL Distance: 690 feet Direction: FWL  
 As Drilled Latitude: 40.405008 As Drilled Longitude: -104.942140  
 GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 02/24/2020  
 GPS Instrument Operator's Name: NICK KACZMARCZYK  
 FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
 \*\* If directional footage at Top of Prod. Zone Dist: 713 feet Direction: FNL Dist: 128 feet Direction: FEL  
 Sec: 18 Twp: 5N Rng: 67W  
 FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
 \*\* If directional footage at Bottom Hole Dist: 743 feet Direction: FNL Dist: 2170 feet Direction: FEL  
 Sec: 18 Twp: 5N Rng: 67W  
 Field Name: WATTENBERG Field Number: 90750  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 03/01/2020 Date TD: 03/02/2020 Date Casing Set or D&A: 03/02/2020  
 Rig Release Date: 03/07/2020 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 1858 TVD\*\* 1853 Plug Back Total Depth MD \_\_\_\_\_ TVD\*\* \_\_\_\_\_

Elevations GR 4939 KB 4947 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

\_\_\_\_\_

### 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	88	64	0	88	VISU
SURF	13+1/2	9+5/8	36	0	1,848	695	0	1,848	VISU

## 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	

Operator Comments:

Due to low commodity prices, drilling has been suspended. Activity is expected to resume the first quarter of 2021.

A directional survey is attached however, macro excel files have not yet been collected. No logs have been run.

A final form 5 with additional information, including an adjusted top of production zone and bottom hole, will be submitted when drilling is completed.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Callie Fiddes

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: Callie\_Fiddes@Oxy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
402416828	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402418229	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b><u>Other Attachments</u></b>			
402550234	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)

