

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:

402416162

Date Received:

12/09/2020

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 05-123-50765-00 County: WELD
Well Name: PROWANT Well Number: 18-10HZ
Location: QtrQtr: NWNW Section: 18 Township: 5N Range: 67W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 741 feet Direction: FNL Distance: 622 feet Direction: FWL
As Drilled Latitude: 40.404925 As Drilled Longitude: -104.942386
GPS Data: GPS Quality Value: 1.5 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: 1587 feet Direction: FNL Dist: 75 feet Direction: FEL
Sec: 18 Twp: 5N Rng: 67W
FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 1839 feet Direction: FNL Dist: 2164 feet Direction: FEL
Sec: 18 Twp: 5N Rng: 67W
Field Name: DJ HORIZONTAL CODELL Field Number: 16948
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/05/2020 Date TD: 03/06/2020 Date Casing Set or D&A: 03/06/2020

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 1889 TVD** 1859 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	1,879	707	0	1,889	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: 12/9/2020 Email: Callie_Fiddes@Oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402416854	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402418628	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"/>
<u>Other Attachments</u>			
402416162	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402550391	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	Corrected Field Name Corrected surface string cement bottom per attached cement job summary and directional survey Passed engineering review	12/14/2020

Total: 1 comment(s)

