

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:

402412655

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 completionOGCC Operator Number: 47120Contact Name: CRYSTAL MCCLAINName of Operator: KERR MCGEE OIL & GAS ONSHORE LPPhone: (720) 9294398Address: P O BOX 173779

Fax: _____

City: DENVER State: CO Zip: 80217-Email: CRYSTAL_MCCLAIN@OXY.COMAPI Number 05-123-50773-00County: WELDWell Name: DAMOREWell Number: 18-8HZLocation: QtrQtr: SWNW Section: 18 Township: 5N Range: 67W Meridian: 6
FNL/FSL FEL/FWLFootage at surface: Distance: 2247 feet Direction: FNL Distance: 720 feet Direction: FWLAs Drilled Latitude: 40.400792 As Drilled Longitude: -104.942110GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 02/17/2020GPS Instrument Operator's Name: NICK KACZMARCZYK

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 1895 feet Direction: FSL Dist: 86 feet Direction: FWL
Sec: 18 Twp: 5N Rng: 67W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: 1901 feet Direction: FSL Dist: 481 feet Direction: FEL
Sec: 17 Twp: 5N Rng: 67WField Name: WATTENBERGField Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 02/26/2020 Date TD: 04/15/2020 Date Casing Set or D&A: 04/17/2020Rig Release Date: 04/18/2020 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 17545 TVD** 6918 Plug Back Total Depth MD 17533 TVD** 6917Elevations GR 4922 KB 4948Digital Copies of ALL Logs must be Attached per Rule 308A ☒

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	1,908	711	0	1,908	VISU
1ST	7+7/8	5+1/2	17	0	17,538	1,590	1,080	17,538	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	3,710				
SUSSEX	4,270				
SHARON SPRINGS	7,326				
NIOBRARA	7,414				

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 7697' 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>		
402412681	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402412684	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>		
402412675	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402412676	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402412677	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402412679	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402412686	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)

