

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:

402344295

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 05-069-06505-00 County: LARIMER
Well Name: JODSTER NORTH Well Number: 25-8HZ
Location: QtrQtr: SENE Section: 25 Township: 5N Range: 68W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1623 feet Direction: FNL Distance: 1091 feet Direction: FEL
As Drilled Latitude: 40.373595 As Drilled Longitude: -104.949095
GPS Data: GPS Quality Value: 1.3 Type of GPS Quality Value: PDOP Date of Measurement: 08/16/2019
GPS Instrument Operator's Name: CHAD GARDNER
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 1387 feet Direction: FNL Dist: 85 feet Direction: FWL
Sec: 30 Twp: 5N Rng: 67W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 1333 feet Direction: FNL Dist: 161 feet Direction: FEL
Sec: 29 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) 08/24/2019 Date TD: 12/21/2019 Date Casing Set or D&A: 12/22/2019
Rig Release Date: 01/19/2020 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 17497 TVD** 6785 Plug Back Total Depth MD 17487 TVD** 6785

Elevations GR 4861 KB 4887 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CBL, MWD/LWD. (GR/RES in API 069-06507).

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	1,902	679	0	1,902	VISU
1ST	7+7/8	5+1/2	17	0	17,491	1,579	1,137	17,491	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	1,347				
PARKMAN	3,401				
SUSSEX	3,913				
SHARON SPRINGS	6,833				
NIOBRARA	6,938				

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.

Open Hole Log was run on the Jodster South 25-7HZ well (API 069-06507).

The Top of Productive Zone provided is an estimate based on the landing point at 7251' MD.

Completion is estimated for Q3 2020.

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			
402344309	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402344316	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			
402344299	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402344300	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402344306	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402344307	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402344317	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)

