

FORM
5Rev
12/20

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:

402616550

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: Christina Hirtler

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6301

Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

Email: christina_hirtler@oxy.com

API Number 05-123-50817-00

County: WELD

Well Name: CUMMINGS

Well Number: 19-5HZ

 Location: QtrQtr: NWNW Section: 19 Township: 5N Range: 67W Meridian: 6
 FNL/FSL FEL/FWL

Footage at surface: Distance: 1235 feet Direction: FNL Distance: 1165 feet Direction: FWL

As Drilled Latitude: 40.389050 As Drilled Longitude: -104.940716

GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 09/29/2020

 ** If directional footage at Top of Prod. Zone Dist: 899 feet Direction: FNL Dist: 75 feet Direction: FWL
 Sec: 19 Twp: 5N Rng: 67W
 FNL/FSL FEL/FWL

 ** If directional footage at Bottom Hole Dist: 936 feet Direction: FNL Dist: 475 feet Direction: FEL
 Sec: 20 Twp: 5N Rng: 67W
 FNL/FSL FEL/FWL

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/07/2020 Date TD: 12/31/2020 Date Casing Set or D&A: 01/01/2021

Rig Release Date: 01/10/2021 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 17439 TVD** 6753 Plug Back Total Depth MD 17419 TVD** 6754

Elevations GR 4856 KB 4876

Digital Copies of ALL Logs must be Attached



List All Logs Run:

MWD/LWD, CBL

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 606 Fresh Water (bbls): 406

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls):

CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	26	16	J-55	42	0	100	64	100	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1894	701	1894	0	VISU
1ST	7+7/8	5+1/2	P110	17	0	17439	1617	17439	1894	CBL

Bradenhead Pressure Action Threshold 568 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

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	
PARKMAN	3,592				
SUSSEX	4,148				
SHANNON	4,750				
SHARON SPRINGS	7,231				
NIOBRARA	7,378				

Operator Comments:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted Per Rule 317.p Exception, Cased Hole Neutron Logs have been run on the Prowant 19-08HZ
The Top of Production Zone provided is an estimate based on the landing point at 7647MD
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: Christina Hirtler

Title: Admin

Date: _____

Email: christina_hirtler@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402617821	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
402617770	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402617774	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402617780	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402617788	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402617794	PDF-DIRECTIONAL SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402617825	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)

