

FORM
5

Rev
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: <u>47120</u>	Contact Name: <u>Christina Hirtler</u>
Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6301</u>
Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>christina_hirtler@oxy.com</u>

API Number <u>05-123-50817-00</u>	County: <u>WELD</u>
Well Name: <u>CUMMINGS</u>	Well Number: <u>19-5HZ</u>
Location: QtrQtr: <u>NWNW</u> Section: <u>19</u> Township: <u>5N</u> Range: <u>67W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>1235</u> feet Direction: <u>FNL</u> Distance: <u>1165</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.389050</u> As Drilled Longitude: <u>-104.940716</u>	
GPS Data: GPS Quality Value: <u>1.5</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>09/29/2020</u>	
	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>899</u> feet Direction: <u>FNL</u> Dist: <u>75</u> feet Direction: <u>FWL</u>	
Sec: <u>19</u> Twp: <u>5N</u> Rng: <u>67W</u>	
	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>936</u> feet Direction: <u>FNL</u> Dist: <u>475</u> feet Direction: <u>FEL</u>	
Sec: <u>20</u> Twp: <u>5N</u> Rng: <u>67W</u>	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) <u>10/07/2020</u> Date TD: <u>12/31/2020</u> Date Casing Set or D&A: <u>01/01/2021</u>
Rig Release Date: <u>01/10/2021</u> Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD <u>17439</u> TVD** <u>6753</u> Plug Back Total Depth MD <u>17419</u> TVD** <u>6754</u>
Elevations GR <u>4856</u> KB <u>4876</u> Digital Copies of ALL Logs must be Attached <input checked="" type="checkbox"/>

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

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)

