

FORM
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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:

402990226

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 05-123-51598-00 County: WELD
Well Name: SBJ Well Number: 13-12HZ
Location: QtrQtr: SWNW Section: 13 Township: 4N Range: 68W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 2306 feet Direction: FNL Distance: 1096 feet Direction: FWL
As Drilled Latitude: 40.314723 As Drilled Longitude: -104.956788
GPS Data: GPS Quality Value: 2.0 Type of GPS Quality Value: PDOP Date of Measurement: 10/19/2021
FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 1280 feet Direction: FSL Dist: 410 feet Direction: FWL
Sec: 13 Twp: 4N Rng: 68W
FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 1318 feet Direction: FSL Dist: 422 feet Direction: FWL
Sec: 15 Twp: 4N Rng: 68W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/09/2021 Date TD: 01/09/2022 Date Casing Set or D&A: 01/11/2022
Rig Release Date: 01/22/2022 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 18499 TVD** 6535 Plug Back Total Depth MD 18440 TVD** 6538

Elevations GR 4859 KB 4879 Digital Copies of ALL Logs must be Attached

List All Logs Run:

CBL, MWD/LWD, Per Rule 317.p Exception, Cased Hole Neutron Logs have been run on the SBJ 13-1 API# 05-123- 51603

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 872 Fresh Water (bbls): 363

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

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	A252	37	0	80	64	80	0	VISU
SURF	13+1/2	9+5/8	L-80	40	0	1898	787	1898	0	VISU
1ST	7+7/8	5+1/2	P-110	17	0	18485	1903	18499	894	CBL

Bradenhead Pressure Action Threshold 569 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	3,473				
SHARON SPRINGS	6,978				
NIOBRARA	7,027				

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 SBJ 13-1 API# 05-123- 51603 As-drilled GPS data was taken after conductor was set. All depths are relative to ground level.

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: Regulatory Date: _____ Email: christina_hirtler@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402990289	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402990293	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>			
402990283	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402990285	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402990286	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402990288	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402990295	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)