

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:

402694943

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 05-123-51249-00 County: WELD
Well Name: NELSON Well Number: 35-5HZ
Location: QtrQtr: NENW Section: 35 Township: 2N Range: 68W Meridian: 6
Footage at surface: Distance: 337 feet Direction: FNL Distance: 2129 feet Direction: FWL
As Drilled Latitude: 40.101354 As Drilled Longitude: -104.972282
GPS Data: GPS Quality Value: 1.3 Type of GPS Quality Value: PDOP Date of Measurement: 01/06/2021
** If directional footage at Top of Prod. Zone Dist: 391 feet Direction: FNL Dist: 1543 feet Direction: FWL
** If directional footage at Bottom Hole Dist: 2433 feet Direction: FSL Dist: 1690 feet Direction: FWL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/10/2021 Date TD: 03/17/2021 Date Casing Set or D&A: 03/19/2021
Rig Release Date: 03/24/2021 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 21549 TVD** 7568 Plug Back Total Depth MD 21521 TVD** 7567
Elevations GR 4955 KB 4975 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, MWD/LWD, Per Rule 317.p Exception, OPEN HOLE Logs have been run on the NELSON 35-2HZ API# 05-123-51251

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 1006 Fresh Water (bbls): 283
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	27	0	80	64	80	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1890	743	1890	0	VISU
1ST	8+1/2	5+1/2	HCP110	17	0	21538	2712	21549	170	CBL

Bradenhead Pressure Action Threshold 567 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	4,157				
SUSSEX	4,631				
SHANNON	5,112				
SHARON SPRINGS	7,418				
NIOBRARA	7,539				

Operator Comments:

**Form 5 returned to draft to correct TOC, original form 5 submitted on 05/19/2021
 All depths are relative to ground level.
 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, OPEN HOLE Logs have been run on the NELSON 35-2HZ API# 05-123-51251
 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: REGULATORY

Date: _____

Email: christina_hirtler@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402694962	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402997255	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>			
402694954	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402694955	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402694957	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402694958	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402694960	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)