

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:

403032393

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: TONI NEWVILLE

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP

Phone: (720) 9296987

Address: P O BOX 173779

Fax:

City: DENVER

State: CO

Zip: 80217-

Email: toni_newville@oxy.com

API Number 05-123-51659-00

County: WELD

Well Name: DB FARMS

Well Number: 12-1HZ

Location: QtrQtr: SENE Section: 12 Township: 3N Range: 67W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2174 feet Direction: FNL Distance: 279 feet Direction: FEL

As Drilled Latitude: 40.240278 As Drilled Longitude: -104.830866

GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 04/06/2022

** If directional footage at Top of Prod. Zone Dist: 1799 feet Direction: FNL Dist: 278 feet Direction: FEL
Sec: 12 Twp: 3N Rng: 67W
FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: 1799 feet Direction: FNL Dist: 278 feet Direction: FEL
Sec: 12 Twp: 3N 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) 04/15/2022 Date TD: 04/15/2022 Date Casing Set or D&A: 04/16/2022

Rig Release Date: 04/16/2022 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 1913 TVD** 1856 Plug Back Total Depth MD 1861 TVD** 1809

Elevations GR 4793 KB 5 Digital Copies of ALL Logs must be Attached ☐

List All Logs Run:

CBL prior to top-job
CBL after top-job**FLUID VOLUMES USED IN DRILLING OPERATIONS**

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

Total Fluids (bbls): 300 Fresh Water (bbls): 397

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

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>
SURF	13+1/2	9+5/8	L-80	36	0	1903	855	1913	900	CBL

Bradenhead Pressure Action Threshold 571 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: 04/26/2022

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	880	456	0	880

Details of work:

TIH with 1.25" pipe into the annulus between the conductor/OH and 9 5/8" surface casing to 880'
TOC tagged @ 880'
Pumped 456 sx cement to surface @ 1.5 bbls/min. 15 bbls returned to surface.

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	

Operator Comments:

Well to be P&Aed. Did not have returns to surface on surface casing primary cement job. After top-job cement pumped, cement column deemed to be not continuous.

P&A documents attached with description of "other".

Remaining P&A work:

72 sacks cement inside casing 1851' to 1901'

20 sacks cement 55' to surface

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Toni Newville

Title: Regulatory

Date: _____

Email: toni_newville@oxy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403032739	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403032807	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"/>
403032825	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
403032418	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403032422	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403032423	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403032424	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403032428	LAS-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403032431	PDF-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403032803	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)