

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:

403036607

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 05-123-40914-00 County: WELD
Well Name: GRISWOLD Well Number: 27N-11HZ
Location: QtrQtr: SWSE Section: 11 Township: 1N Range: 66W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 560 feet Direction: FSL Distance: 1998 feet Direction: FEL
As Drilled Latitude: 40.060073 As Drilled Longitude: -104.742039
GPS Data: GPS Quality Value: 2.0 Type of GPS Quality Value: PDOP Date of Measurement: 03/20/2015

FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 255 feet Direction: FSL Dist: 1550 feet Direction: FEL
Sec: 11 Twp: 1N Rng: 66W

FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 100 feet Direction: FNL Dist: 1546 feet Direction: FEL
Sec: 11 Twp: 1N Rng: 66W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/30/2015 Date TD: 03/06/2015 Date Casing Set or D&A: 03/07/2015

Rig Release Date: 03/19/2015 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 13104 TVD** 7425 Plug Back Total Depth MD 12986 TVD** 7422

Elevations GR 5126 KB 5142 Digital Copies of ALL Logs must be Attached

List All Logs Run:

CBL, GR, Per rule 317.p Exception, cased hole neutron logs were run on the Griswold 2C-11HZ API# 123-40930.

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 600 Fresh Water (bbls): 240

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	NA	42.1	0	40	32	40	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1749	675	1749	0	VISU
1ST	7+7/8	5+1/2	P-110	17	0	13074	1490	13074	1500	CBL

Bradenhead Pressure Action Threshold 525 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	
SUSSEX	4,818				
SHARON SPRINGS	7,348				
NIOBRARA	7,458				

Operator Comments:

****The original form 5 was submitted on 5/07/2015 document number 400819985, this form is being submitted to correct conductor cement bottom and surface sacks of cement.**

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 were run on the Griswold 2C-11HZ API# 123-40930.

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>			
403036747	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>			
403036678	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403036680	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403036745	DRILLING COMPLETION REPORT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403036748	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)