

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:

403127161

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 &amp; 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 05-123-51664-00

County: WELD

Well Name: DB FARMS

Well Number: 12-5HZ

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

Footage at surface: Distance: 2234 feet Direction: FNL Distance: 279 feet Direction: FEL

As Drilled Latitude: 40.240112 As Drilled Longitude: -104.830868

GPS Data: GPS Quality Value: 1.8 Type of GPS Quality Value: PDOP Date of Measurement: 04/06/2022

\*\* If directional footage at Top of Prod. Zone Dist: 2234 feet Direction: FNL Dist: 279 feet Direction: FEL  
Sec: 12 Twp: 3N Rng: 67W\*\* If directional footage at Bottom Hole Dist: 1917 feet Direction: FNL Dist: 395 feet Direction: FEL  
Sec: 12 Twp: 3N Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/01/2022 Date TD: Date Casing Set or D&amp;A: 04/20/2022

Rig Release Date: 07/28/2022 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 1913 TVD\*\* 1863 Plug Back Total Depth MD TVD\*\*

Elevations GR 4793 KB 4813

Digital Copies of ALL Logs must be Attached ☐

List All Logs Run:

MWD/LWD, CBL AND CNL will all be collected and uploaded on the final form5

## FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls):

Fresh Water (bbls):

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

### **CASING, LINER AND CEMENT**

<b><u>Casing Type</u></b>	<b><u>Size of Hole</u></b>	<b><u>Size of Casing</u></b>	<b><u>Grade</u></b>	<b><u>Wt/Ft</u></b>	<b><u>Csg/Liner Top</u></b>	<b><u>Setting Depth</u></b>	<b><u>Sacks Cmt</u></b>	<b><u>Cmt Btm</u></b>	<b><u>Cmt Top</u></b>	<b><u>Status</u></b>
CONDUCTOR	26	16	A252	37	0	60	64	60	0	VISU
SURF	13+1/2	9+5/8	L-80	36	0	1903	827	1902	0	VISU

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: \_\_\_\_\_

<b><u>Method used</u></b>	<b><u>String</u></b>	<b><u>Cementing tool setting/perf depth</u></b>	<b><u>Cement volume</u></b>	<b><u>Cement top</u></b>	<b><u>Cement bottom</u></b>

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	

Operator Comments:

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>			
403127259	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403127433	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
403127434	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)