

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:

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 & 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

FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 2234 feet Direction: FNL Dist: 279 feet Direction: FEL
Sec: 12 Twp: 3N Rng: 67W

FNL/FSL _____ FEL/FWL _____
** 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&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

<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>
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: _____

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	

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)