

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:

403405811

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 05-123-51862-00

County: WELD

Well Name: BERRY FARMS

Well Number: 8-5HZ

Location: QtrQtr: SENE Section: 8 Township: 3N Range: 67W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1423 feet Direction: FNL Distance: 924 feet Direction: FEL

As Drilled Latitude: 40.243720 As Drilled Longitude: -104.908129

GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 12/14/2020

** If directional footage at Top of Prod. Zone Dist: 2078 feet Direction: FNL Dist: 334 feet Direction: FWL
Sec: 9 Twp: 3N Rng: 67W** If directional footage at Bottom Hole Dist: 2502 feet Direction: FNL Dist: 336 feet Direction: FEL
Sec: 11 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) 11/18/2022 Date TD: 02/22/2023 Date Casing Set or D&A: 02/24/2023

Rig Release Date: 03/22/2023 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 22507 TVD** 7258 Plug Back Total Depth MD 22444 TVD** 7256

Elevations GR 4817 KB 4837

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, MWD/LWD, CNL has been run on the Berry Farms 8-2HZ API 05-123-51858

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 332

Fresh Water (bbls): 1022

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> |
|--------------------|---------------------|-----------------------|--------------|--------------|----------------------|----------------------|------------------|----------------|----------------|---------------|
| CONDUCTOR | 26 | 16 | A252 | 27 | 0 | 80 | 64 | 80 | 0 | VISU |
| SURF | 13+1/2 | 9+5/8 | L80 | 36 | 0 | 1843 | 797 | 1843 | 0 | VISU |
| 1ST | 7+7/8 | 5+1/2 | P110 | 17 | 0 | 22491 | 2445 | 22507 | 1276 | CBL |

Bradenhead Pressure Action Threshold 553 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 | 3,585 | | | | |
| SUSSEX | 4,047 | | | | |
| SHANNON | 4,561 | | | | |
| SHARON SPRINGS | 6,876 | | | | |
| NIOBRARA | 6,931 | | | | |
| CODELL | 7,568 | | | | |

Operator Comments:

GPS data is permitted not actual. A sundry will be submitted with actual GPS data once recieved.
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, a CNL has been run on the Berry Farms 8-2HZ API 05-123-51858
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> | | | |
| 403405993 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 403405999 | 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> | | | |
| 403405980 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403405981 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403405982 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403405984 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403406003 | 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)