

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:

403406492

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 05-123-51864-00

County: WELD

Well Name: BERRY FARMS

Well Number: 8-7HZ

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

Footage at surface: Distance: 1422 feet Direction: FNL Distance: 894 feet Direction: FEL

As Drilled Latitude: 40.243720 As Drilled Longitude: -104.908021

GPS Data: GPS Quality Value: 1.3 Type of GPS Quality Value: PDOP Date of Measurement: 12/14/2020

** If directional footage at Top of Prod. Zone Dist: 2175 feet Direction: FSL Dist: 400 feet Direction: FWL
Sec: 9 Twp: 3N Rng: 67W** If directional footage at Bottom Hole Dist: 1320 feet Direction: FSL Dist: 257 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) 11/20/2022 Date TD: 02/07/2023 Date Casing Set or D&A: 02/09/2023

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 22786 TVD** 7125 Plug Back Total Depth MD 22726 TVD** 7124

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): 235 Fresh Water (bbls): 680

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	1882	829	1882	0	VISU
1ST	7+7/8	5+1/2	P110	17	0	22771	2464	22786	956	CBL

Bradenhead Pressure Action Threshold 565 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	3,648				
SUSSEX	4,127				
SHANNON	4,670				
SHARON SPRINGS	7,109				
NIOBRARA	7,185				

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>		
403406541	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
403406540	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>		
403406533	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403406534	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403406537	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403406538	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403406545	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)