

FORM  
5Rev  
12/20

## State of Colorado

## Energy &amp; Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403516966

Date Received:

08/31/2023

## 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 05-123-52005-00

County: WELD

Well Name: RAINBOW

Well Number: 9-22HZ

Location: QtrQtr: SWNE Section: 9 Township: 5N Range: 67W Meridian: 6  
FNL/FSL FEL/FWL

Footage at surface: Distance: 2458 feet Direction: FNL Distance: 2044 feet Direction: FEL

As Drilled Latitude: 40.414635 As Drilled Longitude: -104.895833

GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 01/24/2023

\*\* If directional footage at Top of Prod. Zone Dist: 411 feet Direction: FSL Dist: 2272 feet Direction: FEL  
Sec: 9 Twp: 5N Rng: 67W  
FNL/FSL FEL/FWL\*\* If directional footage at Bottom Hole Dist: 434 feet Direction: FSL Dist: 131 feet Direction: FEL  
Sec: 10 Twp: 5N Rng: 67W  
FNL/FSL FEL/FWL

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/17/2023 Date TD: 06/30/2023 Date Casing Set or D&amp;A: 07/02/2023

Rig Release Date: 07/05/2023 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 15631 TVD\*\* 7174 Plug Back Total Depth MD 15570 TVD\*\* 7173

Elevations GR 4950 KB 4970

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, MWD/LWD, CNL has been run on the Rainbow 9-15 API 05-123-51998

## FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 926

Fresh Water (bbls): 40

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	36.94	0	80	64	80	0	VISU
SURF	13+1/2	9+5/8	L80	36	0	1916	880	1916	0	VISU
1ST	7+7/8	5+1/2	P110	17	0	15616	1565	15631	500	CBL

Bradenhead Pressure Action Threshold 575 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	3,739				
SUSSEX	4,325				
SHANNON	4,920				
SHARON SPRINGS	7,339				
NIOBRARA	7,381				
CODELL	7,979				

Operator Comments:

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 the CNL has been run on the Rainbow 9-15 API 05-123-51998  
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: 8/31/2023 Email: christina\_hirtler@oxy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
403517046	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403517047	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
403517023	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>					
403516966	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403516996	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403516997	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403517004	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403517016	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403517049	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Revised the TOC for the First string from 322', to 500', to agree with the CBL attached to this form.	02/01/2024
Permit	Per operator - casing collapsed after drilling and before frac, well to be plugged in future re-drill submitted (403630023) Permitting review complete.	01/23/2024

Total: 2 comment(s)