

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:

403789137

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

ECMC 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 05-123-52240-00

County: WELD

Well Name: LABRISA

Well Number: 35-5HZ

Location: QtrQtr: NESW Section: 35 Township: 2N Range: 65W Meridian: 6  
FNL/FSL FEL/FWL

Footage at surface: Distance: 1387 feet Direction: FSL Distance: 2004 feet Direction: FWL

As Drilled Latitude: 40.091304 As Drilled Longitude: -104.633232

GPS Data: GPS Quality Value: 1.3 Type of GPS Quality Value: PDOP Date of Measurement: 12/14/2023

\*\* If directional footage at Top of Prod. Zone Dist: 0 feet Direction: FNL Dist: 2330 feet Direction: FWL  
Sec: 2 Twp: 2N Rng: 65W  
FNL/FSL FEL/FWL\*\* If directional footage at Bottom Hole Dist: 86 feet Direction: FSL Dist: 2189 feet Direction: FWL  
Sec: 11 Twp: 2N Rng: 65W  
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) 12/01/2023 Date TD: 02/22/2024 Date Casing Set or D&amp;A: 02/22/2024

Rig Release Date: 03/18/2024 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17800 TVD\*\* 7055 Plug Back Total Depth MD 17744 TVD\*\* 7055

Elevations GR 4970 KB 4996

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, MWD/LWD, 2 Resistivity logs have been run on this location. The LABRISA 35-1HZ api# 123-52236 and the LABRISA 35-8HZ api# 123-52243

## FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 4462

Fresh Water (bbls): 1169

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2623

### CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
CONDUCTOR	26	16	A252	36.94	0	80	64	80	0	VISU
SURF	13+1/2	9+5/8	L80	36	0	2123	929	2123	0	VISU
1ST	7+7/8	5+1/2	P110	17	0	17789	1679	17800	732	CBL

Bradenhead Pressure Action Threshold 637 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 ECMC)
	Top	Bottom	DST	Cored	
PARKMAN	4,063				
SUSSEX	4,427				
SHARON SPRINGS	7,053				
NIOBRARA	7,104				

Operator Comments:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL may be different than permitted  
Per Rule 317.p Exception a Resistivity log was run on the LABRISA 35-1HZ api# 123-52236 and the LABRISA 35-8HZ api# 123-52243  
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 LIST**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
403789157	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403789158	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"/>
<b><u>Other Attachments</u></b>			
403789151	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403789152	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403789162	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403790098	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403790099	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)