

FORM
5

Rev
12/20

State of Colorado

Energy & 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 & 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
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
** If directional footage at Bottom Hole Dist: 86 feet Direction: FSL Dist: 2189 feet Direction: 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&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

<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	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: _____

<u>Method used</u>	<u>String</u>	<u>Cementing tool setting/perf depth</u>	<u>Cement volume</u>	<u>Cement top</u>	<u>Cement bottom</u>

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

<u>FORMATION NAME</u>	<u>Measured Depth</u>		<u>Check if applies</u>		<u>COMMENTS (All DST and Core Analysis must be submitted to ECMC)</u>
	<u>Top</u>	<u>Bottom</u>	<u>DST</u>	<u>Cored</u>	
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 ?	
<u>Attachment Checklist</u>			
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"/>
<u>Other Attachments</u>			
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

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

Total: 0 comment(s)