

FORM
5Rev
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:

403789422

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 05-123-52244-00

County: WELD

Well Name: LABRISA

Well Number: 35-9HZ

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

Footage at surface: Distance: 1386 feet Direction: FSL Distance: 2064 feet Direction: FWL

As Drilled Latitude: 40.091302 As Drilled Longitude: -104.633018

GPS Data: GPS Quality Value: 2.5 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: 809 feet Direction: FEL
Sec: 2 Twp: 2N Rng: 65W** If directional footage at Bottom Hole Dist: 86 feet Direction: FSL Dist: 813 feet Direction: FEL
Sec: 11 Twp: 2N Rng: 65W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/05/2023 Date TD: 03/09/2024 Date Casing Set or D&A: 03/12/2024

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 18273 TVD** 7121 Plug Back Total Depth MD 18217 TVD** 7122

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): 9008

Fresh Water (bbls):

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

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	2179	952	2179	0	VISU
1ST	7+7/8	5+1/2	P110	17	0	18262	1733	18273	580	CBL

Bradenhead Pressure Action Threshold 654 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	4,271				
SUSSEX	4,657				
SHARON SPRINGS	7,440				
NIOBRARA	7,482				

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>					
403789449	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
403789452	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>					
403789438	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403789439	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403789444	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403789445	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403789454	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)