

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:

403789280

Date Received:

05/15/2024

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 05-123-52242-00

County: WELD

Well Name: LABRISA

Well Number: 35-7HZ

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

Footage at surface: Distance: 1386 feet Direction: FSL Distance: 2034 feet Direction: FWL

As Drilled Latitude: 40.091303 As Drilled Longitude: -104.633123

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: 75 feet Direction: FNL Dist: 1637 feet Direction: FEL
Sec: 2 Twp: 2N Rng: 65W
FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: 86 feet Direction: FSL Dist: 1893 feet Direction: FEL
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) 12/03/2023 Date TD: 02/29/2024 Date Casing Set or D&A: 03/01/2024

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 18206 TVD** 7082 Plug Back Total Depth MD 17966 TVD** 7082

Elevations GR 4970 KB 4996

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, MWD/LWD (RES in API 123-52236 and 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): 4596

Fresh Water (bbls): 1465

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1978

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	2178	942	2178	0	VISU
1ST	7+7/8	5+1/2	P110	17	0	18014	1706	18026	1210	CBL

Bradenhead Pressure Action Threshold 653 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	4,166				
SUSSEX	4,543				
SHARON SPRINGS	7,205				
NIOBRARA	7,252				

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: 5/15/2024 Email: christina_hirtler@oxy.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403789344	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403789345	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403790128	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>			
403789280	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403789329	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403789331	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403789338	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403789340	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403789349	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Changed TPZ to match correction on 5A Submit tab Revised "List all Logs Run" for Scout Card Passed Completion review	02/26/2025
Engineer	Revised the TOC for the First String from 740', to 1210', to agree with the CBL attached to this form.	02/07/2025

Total: 2 comment(s)