

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:

404271250

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 05-123-52729-00

County: WELD

Well Name: HICKORY

Well Number: 34-4HZ

Location: QtrQtr: NWSE Section: 34 Township: 3N Range: 67W Meridian: 6  
FNL/FSL FEL/FWL

Footage at surface: Distance: 2264 feet Direction: FSL Distance: 1576 feet Direction: FEL

As Drilled Latitude: 40.180831 As Drilled Longitude: -104.872751

GPS Data: GPS Quality Value: 1.0 Type of GPS Quality Value: PDOP Date of Measurement: 12/23/2025

\*\* If directional footage at Top of Prod. Zone Dist: 2584 feet Direction: FNL Dist: 1505 feet Direction: FEL  
Sec: 34 Twp: 3N Rng: 67W\*\* If directional footage at Bottom Hole Dist: 1206 feet Direction: FSL Dist: 1498 feet Direction: FEL  
Sec: 15 Twp: 3N Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/18/2025 Date TD: 03/30/2025 Date Casing Set or D&amp;A: 03/31/2025

Rig Release Date: 05/17/2025 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 22000 TVD\*\* 6983 Plug Back Total Depth MD 21975 TVD\*\* 6983

Elevations GR 4872 KB 4898 Digital Copies of ALL Logs must be Attached ☒

List All Logs Run:

CBL, MWD/LWD, a CNL was run on the HICKORY 34-3HZ API# 123-52730

## FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 5025 Fresh Water (bbls): 1443

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1916

**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	12+1/4	8+5/8	L80	28	0	1869	672	1869	0	VISU
1ST	7+7/8	5+1/2	HCP110	170	0	22000	2093	21988	1125	CBL

Bradenhead Pressure Action Threshold 561 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	3,906				
SUSSEX	4,313				
SHANNON	4,853				
SHARON SPRINGS	7,218				
NIOBRARA	7,345				

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 CNL log was run on the HICKORY 34-3HZ API# 123-52730  
As-drilled GPS data was taken after conductor was set.  
Actual TPZ will be reported on the 5A

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Christina HirtlerTitle: Regulatory

Date: \_\_\_\_\_

Email: christina\_hirtler@oxy.com

**ATTACHMENT LIST**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
404271340	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
404271337	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>			
404271323	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404271324	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404271327	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404271330	PDF-CEMENT BOND	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)