

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:

404337861

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: 66561 Contact Name: Christina Hirtler
Name of Operator: OXY USA INC Phone: (720) 929-6301
Address: PO BOX 173779 Fax:
City: DENVER State: CO Zip: 80217- Email: christina_hirtler@oxy.com

API Number 05-123-52916-00 County: WELD
Well Name: GLADE Well Number: EAST
Location: QtrQtr: NESE Section: 2 Township: 3N Range: 66W Meridian: 6
Footage at surface: Distance: 2134 feet Direction: FSL Distance: 1146 feet Direction: FEL
As Drilled Latitude: 40.252551 As Drilled Longitude: -104.738968
GPS Data: GPS Quality Value: 1.0 Type of GPS Quality Value: PDOP Date of Measurement: 03/25/2025
** If directional footage at Top of Prod. Zone Dist: 1923 feet Direction: FSL Dist: 1319 feet Direction: FEL
** If directional footage at Bottom Hole Dist: 2094 feet Direction: FSL Dist: 2119 feet Direction: FEL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/08/2025 Date TD: 07/06/2025 Date Casing Set or D&A: 07/15/2025
Rig Release Date: 07/15/2025 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 18936 TVD** 18877 Plug Back Total Depth MD 18936 TVD** 18877
Elevations GR 4900 KB 4928 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, Spectral GR, Resistivity, Density, Neutron, Sonic, Image Log and Caliper log

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 169416 Fresh Water (bbls): 164834
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2400

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	30	20	X42	78.67	0	80	64	80	0	VISU
SURF	17+1/2	13+3/8	L80	54.50	0	2176	1875	2176	0	VISU
1ST	12+1/4	9+5/8	HCP110	47	0	11127	2220	11150	0	CBL
OPEN HOLE	8+1/2				11150	18936				

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
STAGE TOOL	S.C. 1.1	11,150	910	4,456	11,150
STAGE TOOL	S.C. 1.2	4,456	1,310	0	4,456

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	3,897				
SUSSEX	4,305				
SHARON SPRINGS	7,020				
NIOBRARA	7,058				
CODELL	7,370				
CARLILE	7,385				
GREENHORN	7,426				
GRANEROS	7,632				
DAKOTA-JSND	7,796				
MORRISON	8,106				
ENTRADA	8,344				
LYKINS	8,475				
PERMIAN	8,832				
BLAINE	9,004				
LYONS	9,054				
LOWER SATANKA	9,219				
WOLFCAMP	9,429				
PENNSYLVANIAN	9,842				
FOUNTAIN	10,096				
PRECAMBRIAN	10,847				

Operator Comments:

A Triple combination log was run on both Glade wells.
 As-drilled GPS data was taken after conductor was set.
 PBMD and PBTVD are the same as MD and TVD because no production casing was run

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>			
404338664	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
404338668	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>			
404338076	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404338218	PDF-FORMATION MICRO SCAN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404338226	LAS-FORMATION MICRO SCAN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404338249	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404338250	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404338252	LAS-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404338254	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404338256	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404338257	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404338259	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404338260	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404338275	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404338277	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404338278	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404338279	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404338682	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404338938	LAS-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404338939	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404347735	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)