

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:

404339037

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 05-123-52915-00 County: WELD
Well Name: GLADE Well Number: WEST
Location: QtrQtr: NESE Section: 2 Township: 3N Range: 66W Meridian: 6
Footage at surface: Distance: 2134 feet Direction: FSL Distance: 1246 feet Direction: FEL
As Drilled Latitude: 40.252551 As Drilled Longitude: -104.739325
GPS Data: GPS Quality Value: 1.1 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) 04/10/2025 Date TD: 06/07/2025 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 20102 TVD** 20049 Plug Back Total Depth MD 20102 TVD** 20049
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, Spectral GR and Caliper

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 61594 Fresh Water (bbls): 58388
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 770

Recycled Produced Water Alternative (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	30	20	X42	78.67	0	80	64	80	0	VISU
SURF	17+1/2	13+3/8	L80	54.50	0	2356	1875	2356	0	VISU
1ST	12+1/4	9+5/8	HCP110	47	0	11020	2200	11042	958	CBL
OPEN HOLE	8+1/2				11042	20102				

Bradenhead Pressure Action Threshold 707 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	11,042	935	6,597	11,042
STAGE TOOL	S.C. 1.2	6,597	1,265	958	6,597

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	3,904				
SUSSEX	4,305				
SHARON SPRINGS	7,012				
NIOBRARA	7,057				
CODELL	7,355				
CARLILE	7,372				
GREENHORN	7,418				
GRANEROS	7,633				
DAKOTA-JSND	7,795				
MORRISON	8,102				
ENTRADA	8,338				
LYKINS	8,471				
PERMIAN	8,822				
BLAINE	8,998				
LYONS	9,049				
LOWER SATANKA	9,215				
WOLFCAMP	9,426				
PENNSYLVANIAN	9,838				
FOUNTAIN	10,093				
PRECAMBRIAN	10,845				

Operator Comments:

A Triple combination log was run on both Glade wells.
As-drilled GPS data was taken after conductor was set.
The 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 ?	
Attachment Checklist			
404339886	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
404425812	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"/>
Other Attachments			
404339617	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404339618	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404339620	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404339621	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404339665	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404339667	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404339671	LAS-FORMATION MICRO SCAN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404339672	LAS-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404339675	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404339689	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404339692	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404339695	LAS-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404339696	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404339697	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404339699	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404339844	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404339845	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404339846	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404339848	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404339875	LAS-FORMATION MICRO SCAN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404347746	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404424504	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404424513	PDF-FORMATION MICRO SCAN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404424548	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404425813	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	-No field name is needed since this a geothermal well -Send back to draft for the following corrections 1. The LAS for the Gamma log is missing 2. Formation Micro scan PDF is missing 3. Surface casing cement job summary is missing 4. The header information on the CBL is missing 5. Requesting new directional survey PDF and template	10/27/2025

Total: 1 comment(s)