

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:

403720917

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

OGCC 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 05-123-52111-00

County: WELD

Well Name: HETHCOCK

Well Number: 5-7HZ

Location: QtrQtr: SENW Section: 5 Township: 3N Range: 65W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1689 feet Direction: FNL Distance: 2396 feet Direction: FWL

As Drilled Latitude: 40.257038 As Drilled Longitude: -104.688093

GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 07/17/2023

** If directional footage at Top of Prod. Zone Dist: 759 feet Direction: FNL Dist: 2467 feet Direction: FWL
Sec: 5 Twp: 3N Rng: 65W
FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: 182 feet Direction: FSL Dist: 2528 feet Direction: FWL
Sec: 17 Twp: 3N 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) 07/01/2023 Date TD: 12/05/2023 Date Casing Set or D&A: 12/07/2023

Rig Release Date: 01/17/2024 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 22705 TVD** 7157 Plug Back Total Depth MD 22652 TVD** 7162

Elevations GR 4903 KB 4929

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 HETHCOCK 5-2 api# 123-52106 and the HETHCOCK 5-14 api# 123-52118

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 1243

Fresh Water (bbls): 300

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

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	26	16	A252	36.94	0	80	64	80	0	VISU
SURF	13+1/2	9+5/8	L80	36	0	1935	868	1935	0	VISU
1ST	7+7/8	5+1/2	P110	17	0	22695	2345	22705	0	CBL

Bradenhead Pressure Action Threshold 580 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 COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	4,022				
SUSSEX	4,433				
SHARON SPRINGS	7,265				
NIOBRARA	7,328				

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 HETHCOCK 5-2 api# 123-52106 and the HETHCOCK 5-14 api# 123-52118
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 Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403720970	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403720971	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>			
403720953	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403720954	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403720961	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403720965	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403720978	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)