

FORM
5

Rev
12/20

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402697698

Date Received:

05/24/2021

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: 69175 Contact Name: Cassie Gonzalez
Name of Operator: PDC ENERGY INC Phone: (303) 860-5800
Address: 1775 SHERMAN STREET - STE 3000 Fax: _____
City: DENVER State: CO Zip: 80203 Email: Cassie.Gonzalez@pdce.com

API Number 05-123-49994-00 County: WELD
Well Name: Thunder Well Number: 9N
Location: QtrQtr: SENW Section: 3 Township: 5N Range: 64W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 1787 feet Direction: FNL Distance: 1591 feet Direction: FWL
As Drilled Latitude: 40.430630 As Drilled Longitude: -104.540060
GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 04/02/2021

FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 2185 feet Direction: FNL Dist: 430 feet Direction: FWL
Sec: 3 Twp: 5N Rng: 64W

FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 2185 feet Direction: FNL Dist: 150 feet Direction: FEL
Sec: 3 Twp: 5N Rng: 64W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 02/25/2021 Date TD: 02/26/2021 Date Casing Set or D&A: 02/26/2021

Rig Release Date: 02/26/2021 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 1717 TVD** 1691 Plug Back Total Depth MD _____ TVD** _____

Elevations GR 4621 KB 4634 Digital Copies of ALL Logs must be Attached

List All Logs Run:

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 1023 Fresh Water (bbls): 400

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 685

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>
SURF	12+1/4	9+5/8	J-55	36	0	1707	550	1707	0	VISU

Bradenhead Pressure Action Threshold 512 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	

Operator Comments:

Only the surface portion of this well was drilled and surface casing set. Drilling activity was suspended on 2/26/2021 and is anticipated to commence on 9/22/2021.
 Top of Productive Zone and Bottom hole footages are based on approved APD footages due to drilling activity being suspended. Footages will be corrected on the final Form 5 submission.

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

Signed: _____ Print Name: Cassie Gonzalez

Title: Regulatory Analyst Date: 5/24/2021 Email: Cassie.Gonzalez@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402697706	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402697707	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402697698	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402697708	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)