

FORM
5Rev
10/14

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:

402298327

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 completionOGCC Operator Number: 69175Contact Name: Cassie GonzalezName of Operator: PDC ENERGY INCPhone: (303) 860-5800Address: 1775 SHERMAN STREET - STE 3000

Fax: _____

City: DENVERState: COZip: 80203Email: Cassie.Gonzalez@pdce.comAPI Number 05-123-50043-00County: WELDWell Name: MTDWell Number: 2NLocation: QtrQtr: SWSWSection: 23Township: 7NRange: 66WMeridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 228 feetDirection: FSL Distance: 841 feetDirection: FWLAs Drilled Latitude: 40.554020As Drilled Longitude: -104.751250

GPS Data:

Date of Measurement: 12/12/2019PDOP Reading: 1.5GPS Instrument Operator's Name: Brock Nelson

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: 1850 feetDirection: FSLDist: 150 feetDirection: FWLSec: 23Twp: 7NRng: 66W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 1852 feetDirection: FSLDist: 2540 feetDirection: FWLSec: 24Twp: 7NRng: 66WField Name: WATTENBERGField Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 11/02/2019Date TD: 11/19/2019Date Casing Set or D&A: 11/20/2019Rig Release Date: 12/06/2019 Per Rule 308A.b.

Well Classification:

 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation
Total Depth MD 15757TVD** 7076Plug Back Total Depth MD 15741TVD** 7077Elevations GR 4899KB 4922Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CBL, MWD

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	9+5/8	36	0	1,668	770	0	1,668	VISU
1ST	8+1/2	5+1/2	20	0	15,755	2,510	650	15,755	CBL

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	4,118				
SUSSEX	4,823				
SHANNON	5,422				
SHARON SPRINGS	7,500				
NIOBRARA	7,605				

Operator Comments:

This well has not yet been completed. Anticipated date of completion is 1st Quarter 2020.
Top of Productive Zone Footage is based on approved APD footage. Actual TPZ will be provided on the Form5A.
Alternative Logging Program, no open hole logs were run on this well; Open Hole Log run on MTD 1N (API: 05-123-50044).
A Cased Hole Neutron Log was run in addition to the Open Hole Log, Cased Hole Neutron run on MTD 4N (API: 05-123-50045).
TOC comments from our Engineer: 5.5" TOC, lower amplitude and VDL indicating good bonding to pipe and formation.

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 Technician Date: _____ Email: Cassie.Gonzalez@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402298459	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402298462	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			
402298451	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402298452	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402298453	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402298454	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402298463	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)

