

FORM
5
Rev
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:
402186637

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: 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 05-123-49445-00 County: WELD
 Well Name: Red Cloud Well Number: 0N
 Location: QtrQtr: SENE Section: 1 Township: 4N Range: 64W Meridian: 6
 FNL/FSL _____ FEL/FWL _____
 Footage at surface: Distance: 1530 feet Direction: FNL Distance: 629 feet Direction: FEL
 As Drilled Latitude: 40.344480 As Drilled Longitude: -104.491800
 GPS Data:
 Date of Measurement: 09/03/2019 PDOP Reading: 1.5 GPS Instrument Operator's Name: Tyler Blessing
 FNL/FSL _____ FEL/FWL _____
 ** If directional footage at Top of Prod. Zone Dist: 115 feet Direction: FSL Dist: 800 feet Direction: FEL
 Sec: 36 Twp: 5N Rng: 64W
 FNL/FSL _____ FEL/FWL _____
 ** If directional footage at Bottom Hole Dist: 98 feet Direction: FSL Dist: 51 feet Direction: FWL
 Sec: 35 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) 05/25/2019 Date TD: 06/02/2019 Date Casing Set or D&A: 06/04/2019
 Rig Release Date: 08/16/2019 Per Rule 308A.b.

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

Total Depth MD 17167 TVD** 6638 Plug Back Total Depth MD 17144 TVD** 6638
 Elevations GR 4602 KB 4625 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, MWD, Cased Hole Neutron Log, (DIL in 123-17425)

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	1,678	780	0	1,678	VISU
1ST	8+1/2	5+1/2	20	0	17,159	2,705	3,300	17,159	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	3,677				
SUSSEX	4,393				
SHANNON	5,049				
SHARON SPRINGS	6,817				
NIOBRARA	6,901				

Operator Comments:

Spud date is correct on Form 5 and incorrect on COGCC's website.
 This well has not yet been completed. Anticipated date of completion is 3rd Quarter 2020.
 Top of Productive Zone footage based on approved APD footages. Actual TPZ will be provided on the Form 5A.
 Open hole logging exception, no open hole logs were run; Cased hole neutron run on this well.
 TOC comments from our Engineer: 5.5" TOC, 14# lead with decreasing amplitude and VDL showing signs of bonding.

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 ?	
<u>Attachment Checklist</u>			
402186776	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402186777	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>			
402186762	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402186763	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402186765	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402186766	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402186780	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402200298	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402200299	PDF-MWD/LWD	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)

