

FORM
5Rev
10/14State 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:

402194308

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 05-123-49453-00

County: WELD

Well Name: Red Cloud

Well Number: 2N

 Location: QtrQtr: SENE Section: 1 Township: 4N Range: 64W Meridian: 6
 FNL/FSL FEL/FWL

 Footage at surface: Distance: 1529 feet Direction: FNL Distance: 659 feet Direction: FEL
 As Drilled Latitude: 40.344460 As Drilled Longitude: -104.491910

GPS Data:

 Date of Measurement: 09/03/2019 PDOP Reading: 1.3 GPS Instrument Operator's Name: Tyler Blessing
 FNL/FSL FEL/FWL

 ** If directional footage at Top of Prod. Zone Dist: 430 feet Direction: FNL Dist: 737 feet Direction: FEL
 Sec: 1 Twp: 4N Rng: 64W

 ** If directional footage at Bottom Hole Dist: 429 feet Direction: FNL Dist: 51 feet Direction: FWL
 Sec: 2 Twp: 4N Rng: 64W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/11/2019 Date TD: 06/17/2019 Date Casing Set or D&A: 06/19/2019

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 16767 TVD** 6647 Plug Back Total Depth MD 16750 TVD** 6647

Elevations GR 4602 KB 4625

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MWD (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	1,672	780	0	1,672	VISU
1ST	8+1/2	5+1/2	20	0	16,763	2,635	2,250	16,763	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	3,556				
SUSSEX	4,090				
SHANNON	4,844				
SHARON SPRINGS	6,657				
NIOBRARA	6,714				

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 footage. Actual TPZ will be provided on the Form 5A.
Open hole logging exception, no open hole logs were run; Cased hole neutron run on Red Cloud 0N (API: 05-123-49445).
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>		
402194528	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402194533	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>		
402194501	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402194503	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402194521	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402194534	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402200426	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402200427	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)

