

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:
402194576

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 05-123-49446-00 County: WELD
Well Name: Red Cloud Well Number: 3N
Location: QtrQtr: SENE Section: 1 Township: 4N Range: 64W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1529 feet Direction: FNL Distance: 674 feet Direction: FEL
As Drilled Latitude: 40.344490 As Drilled Longitude: -104.491960

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: 685 feet Direction: FNL Dist: 737 feet Direction: FEL
Sec: 1 Twp: 4N Rng: 64W
FNL/FSL FEL/FWL

** If directional footage at Bottom Hole Dist: 739 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) 06/19/2019 Date TD: 06/25/2019 Date Casing Set or D&A: 06/27/2019
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 16666 TVD** 6611 Plug Back Total Depth MD 16642 TVD** 6610
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	1,664	760	0	1,664	VISU
1ST	8+1/2	5+1/2	20	0	16,657	2,610	3,090	16,657	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	3,522				
SUSSEX	4,181				
SHANNON	4,801				
SHARON SPRINGS	6,659				
NIOBRARA	6,724				

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 is 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 ?	
Attachment Checklist			
402194753	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402194755	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			
402194738	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402194740	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402194741	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402194756	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402200455	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402200457	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)

