

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:

402194776

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

API Number <u>05-123-49448-00</u>	County: <u>WELD</u>
Well Name: <u>Red Cloud</u>	Well Number: <u>4N</u>
Location: QtrQtr: <u>SENE</u> Section: <u>1</u> Township: <u>4N</u> Range: <u>64W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float:right">FEL/FWL</span>
Footage at surface: Distance: <u>1529</u> feet Direction: <u>FNL</u> Distance: <u>689</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.344490</u> As Drilled Longitude: <u>-104.492020</u>	
GPS Data:	
Date of Measurement: <u>09/03/2019</u> PDOP Reading: <u>1.5</u> GPS Instrument Operator's Name: <u>Tyler Blessing</u>	
	FNL/FSL <span style="float:right">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>940</u> feet Direction: <u>FNL</u> Dist: <u>737</u> feet Direction: <u>FEL</u>	
Sec: <u>1</u> Twp: <u>4N</u> Rng: <u>64W</u>	
	FNL/FSL <span style="float:right">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>950</u> feet Direction: <u>FNL</u> Dist: <u>51</u> feet Direction: <u>FWL</u>	
Sec: <u>2</u> Twp: <u>4N</u> Rng: <u>64W</u>	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 06/28/2019 Date TD: 07/01/2019 Date Casing Set or D&A: 07/03/2019  
 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 <u>16693</u> TVD** <u>6618</u> Plug Back Total Depth MD <u>16676</u> TVD** <u>6619</u>
Elevations GR <u>4602</u> KB <u>4625</u> <b>Digital Copies of ALL Logs must be Attached per Rule 308A</b> <input checked="" type="checkbox"/>

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	1,678	780	0	1,678	VISU
1ST	8+1/2	5+1/2	20	0	16,691	2,620	2,260	16,691	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	3,537				
SUSSEX	4,081				
SHANNON	4,808				
SHARON SPRINGS	6,470				
NIOBRARA	6,580				

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 on this pad; 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 ?	
<b>Attachment Checklist</b>			
402194851	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402194855	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"/>
<b>Other Attachments</b>			
402194843	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402194844	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402194846	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402194856	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402200516	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402200517	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)

