

FORM
5Rev
02/20

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:

402416432

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 05-123-45968-00

County: WELD

Well Name: Ferguson

Well Number: 23F-212

 Location: QtrQtr: SWNW Section: 23 Township: 5N Range: 64W Meridian: 6
 FNL/FSL FEL/FWL

Footage at surface: Distance: 2184 feet Direction: FNL Distance: 421 feet Direction: FWL

As Drilled Latitude: 40.386080 As Drilled Longitude: -104.524890

GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 10/07/2019

GPS Instrument Operator's Name: Brock Nelson

FNL/FSL

FEL/FWL

 ** If directional footage at Top of Prod. Zone Dist: 923 feet Direction: FNL Dist: 40 feet Direction: FEL
 Sec: 22 Twp: 5N Rng: 64W

FNL/FSL

FEL/FWL

 ** If directional footage at Bottom Hole Dist: 910 feet Direction: FNL Dist: 2243 feet Direction: FEL
 Sec: 24 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) 09/01/2019 Date TD: 03/08/2020 Date Casing Set or D&A: 03/09/2020

Rig Release Date: 04/19/2020 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 15356 TVD** 6486 Plug Back Total Depth MD 15331 TVD** 6486

Elevations GR 4575 KB 4598

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

List Electric Logs Run:

CBL, MWD (DIL in 123-16776)

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	1,673	780	0	1,673	VISU
1ST	8+1/2	5+1/2	20	0	15,347	2,457	1,615	15,347	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	3,509				
SUSSEX	4,360				
SHARON SPRINGS	6,660				
NIOBRARA	6,803				

Operator Comments:

This well has not yet been completed. Anticipated date of completion is 4th Quarter 2022.
Top of Productive Zone Footage is based on approved APD footage. Actual TPZ will be provided on the Form5A.
Open Hole Logging exception- No open hole logs were run on this well; Cased hole neutron run on Ferguson 23G-202 (API:05-123-45970).
Shannon formation is not present.
TOC comments from our Engineer: 5.5" VDL/Amp show cmt to 1,615'.

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 Analyst

Date: _____

Email: Cassie.Gonzalez@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402416513	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402416516	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>		
402416507	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402416508	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402416509	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402416522	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402419121	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)

