

FORM
5

Rev
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:

402412638

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>05-123-45964-00</u>	County: <u>WELD</u>
Well Name: <u>Ferguson</u>	Well Number: <u>23E-232</u>
Location: QtrQtr: <u>SWNW</u> Section: <u>23</u> Township: <u>5N</u> Range: <u>64W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>2154</u> feet Direction: <u>FNL</u> Distance: <u>421</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.386160</u> As Drilled Longitude: <u>-104.524890</u>	
GPS Data: GPS Quality Value: <u>2.1</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>10/07/2019</u>	
GPS Instrument Operator's Name: <u>Brock Nelson</u>	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>250</u> feet Direction: <u>FNL</u> Dist: <u>40</u> feet Direction: <u>FEL</u>	
Sec: <u>22</u> Twp: <u>5N</u> Rng: <u>64W</u>	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>266</u> feet Direction: <u>FNL</u> Dist: <u>2242</u> feet Direction: <u>FEL</u>	
Sec: <u>24</u> Twp: <u>5N</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) 09/03/2019 Date TD: 02/25/2020 Date Casing Set or D&A: 02/26/2020

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 <u>15622</u> TVD** <u>6496</u> Plug Back Total Depth MD <u>15598</u> TVD** <u>6496</u>
Elevations GR <u>4575</u> KB <u>4598</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

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	1,674	780	0	1,674	VISU
1ST	8+1/2	5+1/2	20	0	15,613	2,569	1,280	15,613	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	3,596				
SUSSEX	4,452				
SHARON SPRINGS	6,788				
NIOBRARA	6,826				

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.
We drilled the curve with the regular BHA and then came out and picked up the rotary steerable tool, since they were two different sizes (8 3/4 and 8 1/2), we split them out to reflect that. 8 3/4 ran from 1,674'-7,557' and 8 1/2 ran from 7,557' to 15,613'.
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 1,280'.

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 ?	
Attachment Checklist			
402416099	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402416101	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			
402416097	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402416098	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402416102	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402422765	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402422768	PDF-CBL 1ST RUN	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)

