

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:

402543285

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 05-123-48467-00

County: WELD

Well Name: Vega

Well Number: 8N

Location: QtrQtr: SENW Section: 6 Township: 3N Range: 65W Meridian: 6

FNI /FSI

FFI / FWI

Footage at surface: Distance: 2419 feet Direction: FNL Distance: 2596 feet Direction: FWL

As Drilled Latitude: 40.255040 As Drilled Longitude: -104.706360

GPS Data: GPS Quality Value: 1.2 Type of GPS Quality Value: PDOP Date of Measurement: 10/15/2020

** If directional footage at Top of Prod. Zone Dist: 2503 feet Direction: FNL Dist: 2560 feet Direction: FWL

Sec: 6 Twp: 3N Rng: 65W

** If directional footage at Bottom Hole Dist: 150 feet Direction: FNL Dist: 2560 feet Direction: FWL

Sec: 31 Twp: 4N Rng: 65W

| | |
|------------------------|---------------------|
| Field Name: WATTENBERG | Field Number: 90750 |
|------------------------|---------------------|

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/27/2020 Date TD: 08/27/2020 Date Casing Set or D&A: 08/27/2020

Rig Release Date: 09/07/2020 Per Rule 308A.b.

Well Classification:

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

| | | | | | | | |
|-------------|----|------|-------|------|-----------------------|----|-------|
| Total Depth | MD | 1705 | TVD** | 1678 | Plug Back Total Depth | MD | TVD** |
|-------------|----|------|-------|------|-----------------------|----|-------|

| | | | | | |
|------------|----|------|----|------|---|
| Elevations | GR | 4975 | KB | 4998 | Digital Copies of ALL Logs must be Attached |
|------------|----|------|----|------|---|

List All Logs Run:

CASING, LINER AND CEMENT

| <u>Casing Type</u> | <u>Size of Hole</u> | <u>Size of Casing</u> | <u>Grade</u> | <u>Wt/Ft</u> | <u>Csg/Liner Top</u> | <u>Setting Depth</u> | <u>Sacks Cmt</u> | <u>Cmt Btm</u> | <u>Cmt Top</u> | <u>Status</u> |
|--------------------|---------------------|-----------------------|--------------|--------------|----------------------|----------------------|------------------|----------------|----------------|---------------|
| SURF | 12+1/4 | 9+5/8 | J-55 | 36 | 0 | 1696 | 539 | 1695 | 0 | VISU |

Subsurface hazards include, but are not limited to, the following: overpressured zones, underpressured zones, major geologic faults, salt sections, H2S at concentrations greater than or equal to 100 ppm.

Bradenhead Pressure Action Threshold 509 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

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 | |
| | | | | | |

Operator Comments:

Only the surface portion of this well was drilled and surface casing set. Drilling activity was suspended on 9/7/2020 and is anticipated to commence on 3/2/2021.

Top of Productive Zone and Bottom hole footages are based on approved APD footages due to drilling activity being suspended. Footages will be corrected on the final Form 5 submission.

Well was drilled prior to adoption of WBI Rules and vendor did not create pressure chart to accompany cement verification report.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Ally Ota

Title: Regulatory Analyst Date: _____ Email: alexandria.ota@pdce.com

Attachment Check List

| Att Doc Num | Document Name | attached ? |
|-----------------------------|-----------------------|---|
| <u>Attachment Checklist</u> | | |
| 402543312 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 402545333 | 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 type="checkbox"/> No <input checked="" type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | |
| 402545334 | DIRECTIONAL DATA | 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)

