

FORM
5

Rev
11/20

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:

402544373

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>05-123-48471-00</u>	County: <u>WELD</u>
Well Name: <u>Vega</u>	Well Number: <u>15N</u>
Location: QtrQtr: <u>SENW</u> Section: <u>6</u> Township: <u>3N</u> Range: <u>65W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>2209</u> feet Direction: <u>FNL</u> Distance: <u>2596</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.255620</u> As Drilled Longitude: <u>-104.706370</u>	
GPS Data: GPS Quality Value: <u>1.8</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>10/15/2020</u>	

** If directional footage at Top of Prod. Zone	Dist: <u>2530</u> feet	Direction: <u>FSL</u>	Dist: <u>2235</u> feet	Direction: <u>FWL</u>
Sec: <u>6</u> Twp: <u>3N</u> Rng: <u>65W</u>				
		FNL/FSL		FEL/FWL

** If directional footage at Bottom Hole	Dist: <u>150</u> feet	Direction: <u>FSL</u>	Dist: <u>2235</u> feet	Direction: <u>FWL</u>
Sec: <u>7</u> Twp: <u>3N</u> Rng: <u>65W</u>				

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 09/05/2020 Date TD: 09/06/2020 Date Casing Set or D&A: 09/06/2020

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 1690 TVD** 1671 Plug Back Total Depth MD _____ TVD** _____

Elevations GR 4975 KB 4988 Digital Copies of ALL Logs must be Attached

List All Logs Run:

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
SURF	12+1/4	9+5/8	J-55	36	0	1680	530	1679	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 504 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>			
402544381	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402545447	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>			
402545448	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)

