

FORM
5

Rev
02/20

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402205903

Date Received:

12/02/2020

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: _____ 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>250</u> feet Direction: <u>FNL</u> Dist: <u>2240</u> feet Direction: <u>FEL</u>	
Sec: <u>24</u> Twp: <u>5N</u> Rng: <u>64W</u>	
Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Number: <u>16950</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 09/03/2019 Date TD: 09/03/2019 Date Casing Set or D&A: 09/03/2019
 Rig Release Date: 09/08/2019 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD <u>1694</u> TVD** <u>1694</u> Plug Back Total Depth MD _____ TVD** _____
Elevations GR <u>4575</u> KB <u>4598</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input type="checkbox"/>

List Electric Logs Run:

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	1,683	VISU

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 9/3/2019 and is anticipated to commence on 3/2/2020. No logs were run on this well.

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

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: 12/2/2020 Email: Cassie.Gonzalez@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402205934	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>
Other Attachments			
402205903	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	Corrected field name Corrected surface casing setting depth and cement bottom per attached cement job summary Passed engineering review	12/17/2020

Total: 1 comment(s)

