

FORM
5Rev
11/20State 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:

12/03/2020

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: 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 05-123-48471-00

County: WELD

Well Name: Vega

Well Number: 15N

Location: QtrQtr: SENW Section: 6 Township: 3N Range: 65W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2209 feet Direction: FNL Distance: 2596 feet Direction: FWL

As Drilled Latitude: 40.255620 As Drilled Longitude: -104.706370

GPS Data: GPS Quality Value: 1.8 Type of GPS Quality Value: PDOP Date of Measurement: 10/15/2020

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

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

Field Name: DJ HORIZONTAL NIOBRARA

Field Number: 16950

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	1690	0	VISU

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: 12/3/2020

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>			
402544373	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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>
Engineering Tech	Corrected Field Name Corrected surface string cmt btm per attached directional survey Passed engineering review	12/28/2020

Total: 1 comment(s)

