

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:

402567319

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>05-123-48616-00</u>	County: <u>WELD</u>
Well Name: <u>Chalk</u>	Well Number: <u>04C</u>
Location: QtrQtr: <u>SWNE</u> Section: <u>26</u> Township: <u>6N</u> Range: <u>66W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>2330</u> feet Direction: <u>FNL</u> Distance: <u>2191</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.460190</u> As Drilled Longitude: <u>-104.742720</u>	
GPS Data: GPS Quality Value: <u>1.5</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>12/11/2020</u>	
	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>2167</u> feet Direction: <u>FSL</u> Dist: <u>1921</u> feet Direction: <u>FEL</u>	
Sec: <u>26</u> Twp: <u>6N</u> Rng: <u>66W</u>	
	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>361</u> feet Direction: <u>FSL</u> Dist: <u>2084</u> feet Direction: <u>FEL</u>	
Sec: <u>2</u> Twp: <u>5N</u> Rng: <u>66W</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) 10/14/2020 Date TD: 10/14/2020 Date Casing Set or D&A: 10/15/2020
 Rig Release Date: 10/20/2020 Per Rule 308A.b.

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

Total Depth MD <u>1814</u> TVD** <u>1813</u> Plug Back Total Depth MD _____ TVD** _____
Elevations GR <u>4696</u> KB <u>4709</u> Digital Copies of ALL Logs must be Attached <input type="checkbox"/>

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	36	J-55	0	1800	580	1800	0	

Bradenhead Pressure Action Threshold 540 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 10/20/2020 and is anticipated to commence on 7/11/2021.
 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.

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 ?	
<u>Attachment Checklist</u>			
402567413	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402567416	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>			
402567418	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

