

FORM  
5

Rev  
12/20

# 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:

402616547

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 05-123-48835-00 County: WELD  
Well Name: Pharaoh Well Number: 1N  
Location: QtrQtr: NESE Section: 36 Township: 5N Range: 64W Meridian: 6  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
Footage at surface: Distance: 1713 feet Direction: FSL Distance: 455 feet Direction: FEL  
As Drilled Latitude: 40.353390 As Drilled Longitude: -104.489910  
GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 02/08/2021  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
\*\* If directional footage at Top of Prod. Zone Dist: 1530 feet Direction: FSL Dist: 737 feet Direction: FEL  
Sec: 36 Twp: 5N Rng: 64W  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
\*\* If directional footage at Bottom Hole Dist: 1523 feet Direction: FSL Dist: 151 feet Direction: FWL  
Sec: 35 Twp: 5N Rng: 64W  
Field Name: WATTENBERG Field Number: 90750  
Federal, Indian or State Lease Number: 00/7325-S

Spud Date: (when the 1st bit hit the dirt) 10/21/2020 Date TD: 12/30/2020 Date Casing Set or D&A: 01/01/2021  
Rig Release Date: 01/19/2021 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 16751 TVD\*\* 6616 Plug Back Total Depth MD 16721 TVD\*\* 6616

Elevations GR 4593 KB 4621 Digital Copies of ALL Logs must be Attached

List All Logs Run:

CBL, MWD (DIL run on Pharaoh 2C, 123-48833)

### FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 5585 Fresh Water (bbls): 2400

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 3294

### 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	1675	540	1675	0	VISU
1ST	8+1/2	5+1/2	P-110	20	0	16738	2685	16738	250	CBL

Bradenhead Pressure Action Threshold 502 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	
PARKMAN	3,462				
SUSSEX	4,228				
SHANNON	4,913				
SHARON SPRINGS	6,446				
NIOBRARA	6,502				

Operator Comments:

This well has not yet been completed. Anticipated date of completion is 1st Quarter 2022.  
 TPZ footage is based on approved APD footage. Actual TPZ will be provided on the Form 5A.  
 Alternative Logging Program- no open hole logs were run on this well; Open Hole Log run on Pharaoh 2C (API: 05-123-48833).  
 TOC comments from our Engineer: 5.5" VDL/Amp/Sector Map show cmt to 250'.

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 ?	
<b>Attachment Checklist</b>			
402619718	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402629082	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
402619693	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402619694	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402619706	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402619712	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402619722	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)