

FORM
5Rev
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:

402647228

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 05-123-49381-00

County: WELD

Well Name: Erwin

Well Number: 2N

 Location: QtrQtr: SWSE Section: 27 Township: 5N Range: 64W Meridian: 6
 FNL/FSL FEL/FWL

Footage at surface: Distance: 483 feet Direction: FSL Distance: 2362 feet Direction: FEL

As Drilled Latitude: 40.364400 As Drilled Longitude: -104.534840

GPS Data: GPS Quality Value: 1.3 Type of GPS Quality Value: PDOP Date of Measurement: 02/25/2021

 ** If directional footage at Top of Prod. Zone Dist: 630 feet Direction: FNL Dist: 2278 feet Direction: FEL
 Sec: 34 Twp: 5N Rng: 64W
 FNL/FSL FEL/FWL

 ** If directional footage at Bottom Hole Dist: 260 feet Direction: FSL Dist: 2201 feet Direction: FEL
 Sec: 22 Twp: 5N Rng: 64W
 FNL/FSL FEL/FWL

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/12/2020 Date TD: 02/07/2021 Date Casing Set or D&A: 02/08/2021

Rig Release Date: 02/13/2021 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 13623 TVD** 6649 Plug Back Total Depth MD 13601 TVD** 6649

Elevations GR 4639 KB 4667

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, MWD (DIL in 123-12943)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 5336 Fresh Water (bbls): 2070

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 3570

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	1657	530	1657	0	VISU
1ST	8+1/2	5+1/2	P-110	20	0	13616	2127	13616	0	CBL

Bradenhead Pressure Action Threshold 497 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	3,659				
SUSSEX	4,398				
SHANNON	5,218				
SHARON SPRINGS	6,949				
NIOBRARA	7,016				

Operator Comments:

This well has not yet been completed. Anticipated date of completion is 4th Quarter 2021.
TPZ footage is based on approved APD footage. Actual TPZ will be provided on the Form 5A.
Open Hole Logging Exception- no open hole logs were run on this well; Case Hole Neutron run on Erwin 1N (API: 05-123-49378).
TOC comments from our Engineer: 5.5" VDL/Amp/Sector Map show cmt to surface.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Cassie GonzalezTitle: Regulatory Analyst

Date: _____

Email: Cassie.Gonzalez@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402647424	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402647431	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"/>
<u>Other Attachments</u>		
402647355	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402647359	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402647360	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402647361	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402647435	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)