

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:

402649495

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 05-123-49379-00 County: WELD  
Well Name: Erwin Well Number: 5C  
Location: QtrQtr: SWSE Section: 27 Township: 5N Range: 64W Meridian: 6  
FNL/FSL FEL/FWL  
Footage at surface: Distance: 483 feet Direction: FSL Distance: 2317 feet Direction: FEL  
As Drilled Latitude: 40.364400 As Drilled Longitude: -104.534670  
GPS Data: GPS Quality Value: 1.5 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: 1509 feet Direction: FEL  
Sec: 34 Twp: 5N Rng: 64W  
FNL/FSL FEL/FWL

\*\* If directional footage at Bottom Hole Dist: 798 feet Direction: FSL Dist: 1436 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) 11/14/2020 Date TD: 01/28/2021 Date Casing Set or D&A: 01/29/2021

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 14246 TVD\*\* 6832 Plug Back Total Depth MD 14218 TVD\*\* 6832

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): 9062 Fresh Water (bbls): 5316  
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 4294

### 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	1690	540	1690	0	VISU
1ST	8+1/2	5+1/2	P-110	20	0	14233	2236	14233	745	CBL

Bradenhead Pressure Action Threshold 507 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	3,654				
SUSSEX	4,368				
SHANNON	5,197				
SHARON SPRINGS	6,875				
NIOBRARA	6,925				
FORT HAYS	7,405				
CODELL	7,516				
CARLILE	8,642				

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; Cased Hole Neutron run on Erwin 1N (API: 05-123-12943).  
 TOC comments from our Engineer: 5.5" VDL\Amp\Sector Map show cmt to 745'.

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>			
402649724	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402649727	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>			
402649714	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402649717	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402649718	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402649719	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402649728	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)