

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:

402809010

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 05-123-48471-00 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: 152 feet Direction: FSL Dist: 2593 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: 05/23/2021 Date Casing Set or D&A: 05/24/2021
Rig Release Date: 07/16/2021 Per Rule 308A.b.

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

Total Depth MD 15275 TVD** 7177 Plug Back Total Depth MD 15248 TVD** 7177
Elevations GR 4967 KB 4995 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, MWD (DIL in 123-25473 and 123-14932)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 5915 Fresh Water (bbls): 2650
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 3463

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	1679	530	1679	0	VISU
1ST	8+1/2	5+1/2	P-110	20	0	15264	2340	15264	2020	CBL

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	
PARKMAN	4,045				
SUSSEX	4,488				
SHANNON	5,097				
SHARON SPRINGS	7,231				
NIOBRARA	7,277				

Operator Comments:

This well has not yet been completed. Anticipated date of completion is 4th Quarter 2022.
 Top of Productive Zone 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; Cased Hole Neutron run on Vega 16N (API: 05-123-48476).
 TOC comment from our Engineer: 5.5" VDL\Amp\Sector Map show cmt to 2020'.
 Welll was drilled prior to adoption of WBI Rules and vendor did not create pressure chart to accompany surface cement verification report.
 KB elevations differ from Preliminary Form 5 to Final Form 5 due to well being drilled by two different rigs: a surface rig and a production casing rig.

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>			
402809750	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402809752	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>			
402809754	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402809755	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402809756	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402809906	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402809908	PDF-CBL 1ST RUN	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)