

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:

402990614

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 05-123-50959-00

County: WELD

Well Name: Schrute

Well Number: 4N

Location: QtrQtr: NESW Section: 16 Township: 5N Range: 64W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2265 feet Direction: FSL Distance: 1747 feet Direction: FWL

As Drilled Latitude: 40.398290 As Drilled Longitude: -104.558150

GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 02/09/2022

** If directional footage at Top of Prod. Zone Dist: 1763 feet Direction: FSL Dist: 175 feet Direction: FWL
Sec: 16 Twp: 5N Rng: 64W
FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: 1763 feet Direction: FSL Dist: 175 feet Direction: FEL
Sec: 15 Twp: 5N Rng: 64W
FNL/FSL FEL/FWL

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number: 81/6052-S

Spud Date: (when the 1st bit hit the dirt) 12/22/2021 Date TD: 12/22/2021 Date Casing Set or D&A: 12/22/2021

Rig Release Date: 01/01/2022 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 1708 TVD** 1665 Plug Back Total Depth MD TVD**

Elevations GR 4613 KB 4626

Digital Copies of ALL Logs must be Attached ☐

List All Logs Run:

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 1000 Fresh Water (bbls): 500

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

CASING, LINER AND CEMENT

| <u>Casing Type</u> | <u>Size of Hole</u> | <u>Size of Casing</u> | <u>Grade</u> | <u>Wt/Ft</u> | <u>Csg/Liner Top</u> | <u>Setting Depth</u> | <u>Sacks Cmt</u> | <u>Cmt Btm</u> | <u>Cmt Top</u> | <u>Status</u> |
|--------------------|---------------------|-----------------------|--------------|--------------|----------------------|----------------------|------------------|----------------|----------------|---------------|
| SURF | 12+1/4 | 9+5/8 | J-55 | 36 | 0 | 1698 | 872 | 1698 | 0 | VISU |

Bradenhead Pressure Action Threshold 509 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 1/1/2022 and is anticipated to commence on 7/9/2022.
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 Fina Form 5 Submission.
Total Fluids: 1,000 bbls Fresh Water: 500 bbls Recycled or Reused Fluids: 385.5 bbls

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> | | | |
| 402990658 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 402990660 | 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> | | | |
| 402990662 | 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)