

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:

403093890

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 05-123-51448-00

County: WELD

Well Name: Bost Farm

Well Number: 16N-8A-L

Location: QtrQtr: Lot2 Section: 7 Township: 5N Range: 66W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2507 feet Direction: FNL Distance: 1116 feet Direction: FWL

As Drilled Latitude: 40.414660 As Drilled Longitude: -104.828370

GPS Data: GPS Quality Value: 2.2 Type of GPS Quality Value: PDOP Date of Measurement: 06/10/2022

** If directional footage at Top of Prod. Zone Dist: 762 feet Direction: FSL Dist: 150 feet Direction: FWL
Sec: 7 Twp: 5N Rng: 66W** If directional footage at Bottom Hole Dist: 777 feet Direction: FSL Dist: 466 feet Direction: FEL
Sec: 8 Twp: 5N Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/08/2022 Date TD: 04/20/2022 Date Casing Set or D&A: 04/21/2022

Rig Release Date: 05/27/2022 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17995 TVD** 7072 Plug Back Total Depth MD 17969 TVD** 7073

Elevations GR 4874 KB 4902 Digital Copies of ALL Logs must be Attached ☒

List All Logs Run:

CBL, MWD (DIL in 123-50256 and 123-50255)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 5698 Fresh Water (bbls): 2530

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 3143

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	1700	512	1700	0	VISU
1ST	8+1/2	5+1/2	P-110	20	0	17983	2841	17983	1760	CBL

Bradenhead Pressure Action Threshold 510 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	3,941				
SUSSEX	4,485				
SHANNON	5,127				
SHARON SPRINGS	7,594				
NIOBRARA	7,679				

Operator Comments:

This well has not yet been completed. Anticipated date of completion is 1st Quarter 2023.
Top of Productive Zone 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 Bost Farm 32C-11-L2 (API: 05-123-50256) and Bost Farm 33C-11-L (API: 05-123-50255), which share the same pad.
TOC comment from our Engineer: Top of 12.9 ppg lead
Fluid Volumes Used in Drilling Operations: Total Fluids: 5,698 bbls Fresh Water: 2,530 bbls Recycled or Reused Fluids: 3,143 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 GonzalezTitle: Regulatory Analyst

Date: _____

Email: Cassie.gonzalez@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
403101499	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
403105240	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>		
403094230	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403094231	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403101526	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403110846	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403110847	LAS-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)