

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:

403103324

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 05-123-51453-00 County: WELD
Well Name: Bost Farm Well Number: 40C-8-L2
Location: QtrQtr: Lot2 Section: 7 Township: 5N Range: 66W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 2506 feet Direction: FNL Distance: 1256 feet Direction: FWL
As Drilled Latitude: 40.414650 As Drilled Longitude: -104.827870
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: 2339 feet Direction: FSL Dist: 150 feet Direction: FWL
Sec: 7 Twp: 5N Rng: 66W
FNL/FSL _____ FEL/FWL _____

*** If directional footage at Bottom Hole Dist: 2351 feet Direction: FSL Dist: 465 feet Direction: FEL
Sec: 8 Twp: 5N Rng: 66W
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) 01/03/2022 Date TD: 05/19/2022 Date Casing Set or D&A: 05/21/2022
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 17853 TVD** 7371 Plug Back Total Depth MD 17824 TVD** 7372
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): 5579 Fresh Water (bbls): 2692
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 3425

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	1656	499	1656	0	VISU
1ST	8+1/2	5+1/2	P-100	20	0	17840	2816	17840	1713	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	3,821				
SUSSEX	4,338				
SHANNON	4,946				
SHARON SPRINGS	7,256				
NIOBRARA	7,297				
FORT HAYS	7,761				
CODELL	7,832				
CARLILE	8,758				

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.

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 ?	
Attachment Checklist			
403103934	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403103978	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"/>
Other Attachments			
403103899	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403103900	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403103981	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403111200	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403111201	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)