

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:

403171243

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: <u>69175</u>	Contact Name: <u>Cassie Gonzalez</u>
Name of Operator: <u>PDC ENERGY INC</u>	Phone: <u>(303) 860-5800</u>
Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>Regulatory@pdce.com</u>

API Number <u>05-123-51670-00</u>	County: <u>WELD</u>
Well Name: <u>Everest</u>	Well Number: <u>03N</u>
Location: QtrQtr: <u>NWNE</u> Section: <u>34</u> Township: <u>6N</u> Range: <u>66W</u> Meridian: <u>6</u>	
FNL/FSL FEL/FWL	
Footage at surface: Distance: <u>674</u> feet Direction: <u>FNL</u> Distance: <u>2621</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.450330</u> As Drilled Longitude: <u>-104.763800</u>	
GPS Data: GPS Quality Value: <u>1.9</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>06/10/2022</u>	
FNL/FSL FEL/FWL	
** If directional footage at Top of Prod. Zone Dist: <u>2091</u> feet Direction: <u>FSL</u> Dist: <u>2495</u> feet Direction: <u>FWL</u>	
Sec: <u>34</u> Twp: <u>6N</u> Rng: <u>66W</u>	
FNL/FSL FEL/FWL	
** If directional footage at Bottom Hole Dist: <u>2025</u> feet Direction: <u>FSL</u> Dist: <u>2502</u> feet Direction: <u>FEL</u>	
Sec: <u>32</u> Twp: <u>6N</u> Rng: <u>66W</u>	
Field Name: <u>WATTENBERG</u>	Field Number: <u>90750</u>
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 03/22/2022 Date TD: 06/26/2022 Date Casing Set or D&A: 06/26/2022

Rig Release Date: 08/01/2022 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD <u>18166</u> TVD** <u>6836</u>	Plug Back Total Depth MD <u>18128</u> TVD** <u>6837</u>
Elevations GR <u>4697</u> KB <u>4725</u>	Digital Copies of ALL Logs must be Attached <input checked="" type="checkbox"/>

List All Logs Run:

CBL, MWD (DIL in 05-123-12650)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 5032 Fresh Water (bbls): 2690

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 3530

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	13+1/2	9+5/8	J-55	36	0	1654	820	1654	0	VISU
1ST	8+1/2	5+1/2	P-110	20	0	18155	2861	18155	1720	CBL

Bradenhead Pressure Action Threshold 496 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	3,917				
SUSSEX	4,439				
SHANNON	5,174				
SHARON SPRINGS	7,506				
NIOBRARA	7,565				

Operator Comments:

This well has not yet been completed. Anticipated date of completion is 1st Quarter 2024.
 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 on this well; Cased Hole Neutron run on Everest 01NA (API: 05-123-51674).
 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 ?	
<u>Attachment Checklist</u>			
403171350	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403171353	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>			
403171339	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403171340	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403171341	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403171342	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403171354	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)