

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:

403175664

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 05-123-51668-00 County: WELD
Well Name: Everest Well Number: 08N
Location: QtrQtr: NWNE Section: 34 Township: 6N Range: 66W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 749 feet Direction: FNL Distance: 2622 feet Direction: FEL
As Drilled Latitude: 40.450110 As Drilled Longitude: -104.763790
GPS Data: GPS Quality Value: 1.9 Type of GPS Quality Value: PDOP Date of Measurement: 06/10/2022

*** If directional footage at Top of Prod. Zone Dist: 900 feet Direction: FSL Dist: 2449 feet Direction: FWL
Sec: 34 Twp: 6N Rng: 66W
FNL/FSL _____ FEL/FWL _____

*** If directional footage at Bottom Hole Dist: 879 feet Direction: FSL Dist: 2497 feet Direction: FEL
Sec: 32 Twp: 6N 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) 03/18/2022 Date TD: 07/12/2022 Date Casing Set or D&A: 07/13/2022

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 18631 TVD** 6983 Plug Back Total Depth MD 18610 TVD** 6983

Elevations GR 4697 KB 4725 Digital Copies of ALL Logs must be Attached

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): 4824 Fresh Water (bbls): 2230

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2732

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	1696	803	1696	0	VISU
1ST	8+1/2	5+1/2	P-110	20	0	18625	2941	18625	1785	CBL

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	
PARKMAN	4,112				
SUSSEX	4,663				
SHANNON	5,462				
SHARON SPRINGS	7,954				
NIOBRARA	8,007				

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>			
403175832	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403175835	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>			
403175825	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403175828	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403175829	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403175836	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403175841	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)