

FORM  
5Rev  
12/20State 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:

402994854

Date Received:

03/28/2022

## 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 05-123-50953-00

County: WELD

Well Name: Schrute

Well Number: 10N

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

Footage at surface: Distance: 2265 feet Direction: FSL Distance: 1837 feet Direction: FWL

As Drilled Latitude: 40.398310 As Drilled Longitude: -104.557840

GPS Data: GPS Quality Value: 3.1 Type of GPS Quality Value: PDOP Date of Measurement: 02/09/2022

\*\* If directional footage at Top of Prod. Zone Dist: 150 feet Direction: FSL Dist: 175 feet Direction: FWL  
Sec: 16 Twp: 5N Rng: 64W\*\* If directional footage at Bottom Hole Dist: 150 feet Direction: FSL Dist: 485 feet Direction: FEL  
Sec: 15 Twp: 5N Rng: 64W

Field Name: WATTENBERG

Field Number: 90750

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

Spud Date: (when the 1st bit hit the dirt) 12/30/2021 Date TD: 12/30/2021 Date Casing Set or D&amp;A: 12/30/2021

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 1694 TVD\*\* 1635 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): 1250 Fresh Water (bbls): 500

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 805

### 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                    | 1684                 | 831              | 1684           | 0              | VISU          |

Bradenhead Pressure Action Threshold 505 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 Final Form 5 Submission.

Total Fluids: 1,250 bbls Fresh Water: 500 bbls Recycled or Reused Fluids: 805 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: 3/28/2022 Email: Cassie.Gonzalez@pdce.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> |                       |   |  |
| 402994864                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 402994866                   | 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>    |                       |   |  |
| 402994854                   | FORM 5 SUBMITTED      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 402994868                   | 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)