

FORM
5

Rev
12/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403488925

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: 1099 18TH STREET SUITE 1500 Fax:
City: DENVER State: CO Zip: 80202 Email: Cassie.Gonzalez@pdce.com

API Number 05-123-51633-00 County: WELD
Well Name: Spinney Well Number: 02N
Location: QtrQtr: SWSW Section: 9 Township: 3N Range: 66W Meridian: 6
Footage at surface: Distance: 978 feet Direction: FSL Distance: 1296 feet Direction: FWL
As Drilled Latitude: 40.234775 As Drilled Longitude: -104.787285
GPS Data: GPS Quality Value: 0.9 Type of GPS Quality Value: PDOP Date of Measurement: 07/10/2023
** If directional footage at Top of Prod. Zone Dist: 2170 feet Direction: FSL Dist: 737 feet Direction: FWL
** If directional footage at Bottom Hole Dist: 2097 feet Direction: FSL Dist: 156 feet Direction: FEL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/26/2023 Date TD: 05/14/2023 Date Casing Set or D&A: 05/14/2023
Rig Release Date: 06/20/2023 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 22861 TVD** 7086 Plug Back Total Depth MD 22833 TVD** 7086
Elevations GR 4861 KB 4890 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, MWD (DIL in 05-123-25278)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 7220 Fresh Water (bbls): 4610
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 4788

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	1750	768	1750	0	VISU
1ST	8+1/2	5+1/2	P-110	20	0	22849	3643	22849	1896	CBL

Bradenhead Pressure Action Threshold 525 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	4,061				
SUSSEX	4,484				
SHANNON	5,066				
SHARON SPRINGS	7,406				
NIOBRARA	7,494				

Operator Comments:

This well has not yet been completed. Anticipated date of completion is 2nd 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; Compensated Neutron Log run on Spinney 01N (API: 05-123-51636) for the Cased Hole Neutron Requirement.
 Surface casing setting depth on the Surface Casing Cement Job Summary reports depths from the 13' RKB of the surface rig.
 Surface casing setting depth on the Form 5 and all other supporting documents are reported from a 28.5' RKB elevation.
 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>			
403488950	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403500652	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>			
403500654	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403500665	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403500666	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403500667	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403500669	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)