

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:

403521927

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 05-001-10525-00 County: ADAMS
Well Name: Rio Well Number: 16N
Location: QtrQtr: NWNW Section: 6 Township: 1S Range: 67W Meridian: 6
Footage at surface: Distance: 324 feet Direction: FNL Distance: 65 feet Direction: FWL
As Drilled Latitude: 39.999450 As Drilled Longitude: -104.940100
GPS Data: GPS Quality Value: 0.8 Type of GPS Quality Value: PDOP Date of Measurement: 08/18/2023
** If directional footage at Top of Prod. Zone Dist: 460 feet Direction: FNL Dist: 755 feet Direction: FEL
** If directional footage at Bottom Hole Dist: 468 feet Direction: FSL Dist: 822 feet Direction: FEL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/23/2023 Date TD: 06/25/2023 Date Casing Set or D&A: 06/25/2023
Rig Release Date: 07/15/2023 Per Rule 308A.b.

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

Total Depth MD 19738 TVD** 7700 Plug Back Total Depth MD 19716 TVD** 7700
Elevations GR 5067 KB 5092 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, MWD (DIL in 05-001-09950)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 6140 Fresh Water (bbls): 3580
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 3996

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	2438	1050	2438	0	VISU
1ST	8+1/2	5+1/2	P-110	20	0	19730	3786	19730	891	CBL

Bradenhead Pressure Action Threshold 731 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	5,474				
SUSSEX	6,029				
SHANNON	7,534				
SHARON SPRINGS	9,908				
NIOBRARA	9,993				

Operator Comments:

This well has not yet been completed. Anticipated date of completion is 4th Quarter 2024.
 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 Rio LC 12-242HC (API: 05-001-09950).
 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 25' RKB elevation (depth from production rig).
 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			
403522048	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403522050	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			
403522042	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403522043	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403522045	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403522046	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403522052	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)