

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:

403632202

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 05-123-51795-00 County: WELD
Well Name: Hen Well Number: 02N
Location: QtrQtr: SWNE Section: 8 Township: 4N Range: 64W Meridian: 6
Footage at surface: Distance: 2099 feet Direction: FNL Distance: 2045 feet Direction: FEL
As Drilled Latitude: 40.328370 As Drilled Longitude: -104.572340
GPS Data: GPS Quality Value: 0.9 Type of GPS Quality Value: PDOP Date of Measurement: 11/13/2023
** If directional footage at Top of Prod. Zone Dist: 360 feet Direction: FNL Dist: 2440 feet Direction: FEL
** If directional footage at Bottom Hole Dist: 357 feet Direction: FNL Dist: 206 feet Direction: FEL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/11/2023 Date TD: 08/11/2023 Date Casing Set or D&A: 08/11/2023
Rig Release Date: 10/26/2023 Per Rule 308A.b.

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

Total Depth MD 15174 TVD** 6816 Plug Back Total Depth MD 15146 TVD** 6817
Elevations GR 4779 KB 4807 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, MWD (DIL in 18372)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 7029 Fresh Water (bbls): 4570
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 5765

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	1748	822	1748	0	VISU
1ST	8+1/2	5+1/2	P-110	20	0	15160	2361	15160	1869	CBL

Bradenhead Pressure Action Threshold 524 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	3,550				
SUSSEX	3,899				
SHANNON	4,758				
SHARON SPRINGS	7,122				
NIOBRARA	7,533				

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 Hen 01N (API: 05-123-51800) Cased Hole Neutron Requirement.
 Surface casing setting depth on the Surface Casing Cement Job Summary reports depths from the 14' RKB of the surface rig.
 Surface casing setting depth on this Form 5 and all other supporting documents are reported from a 28.5' RKB of the production rig.
 TOC comment from our Engineer: Top of 12.9 ppg lead, est 2019.

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			
403632273	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403632275	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			
403632253	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403632254	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403632261	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403632269	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403632276	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)