

FORM
5Rev
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:

403850824

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

ECMC Operator Number: 69175

Contact Name: Randy Thweatt

Name of Operator: PDC ENERGY INC

Phone: (303) 228-4000

Address: 1099 18TH STREET SUITE 1500

Fax:

City: DENVER State: CO Zip: 80202

Email: Denverregulatory@chevron.onmicrosoft.com

API Number 05-123-51782-00

County: WELD

Well Name: George

Well Number: 03NA

Location: QtrQtr: SWNE Section: 21 Township: 4N Range: 64W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1794 feet Direction: FNL Distance: 2376 feet Direction: FEL

As Drilled Latitude: 40.300254 As Drilled Longitude: -104.554833

GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 02/12/2024

FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 558 feet Direction: FNL Dist: 200 feet Direction: FEL
Sec: 21 Twp: 4N Rng: 64WFNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 567 feet Direction: FNL Dist: 205 feet Direction: FWL
Sec: 20 Twp: 4N Rng: 64W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/03/2024 Date TD: 03/13/2024 Date Casing Set or D&A: 03/14/2024

Rig Release Date: 05/27/2024 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 18154 TVD** 6723 Plug Back Total Depth MD 18134 TVD** 6723

Elevations GR 4717 KB 4742 Digital Copies of ALL Logs must be Attached ☒

List All Logs Run:

CBL, MWD/LWD, (IND in 123-29145, RES in 123-51778)

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 1779 Fresh Water (bbls): 1634

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 145

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>
CONDUCTOR	26	16	J-55	84	0	105	64	105	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	2017	801	2017	0	VISU
1ST LINER	8+1/2	5+1/2	P-110	20	0	18147	3188	18147	2054	CALC

Bradenhead Pressure Action Threshold 605 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 ECMC)
	Top	Bottom	DST	Cored	
PARKMAN	4,049				
SUSSEX	4,509				
SHANNON	5,522				
SHARON SPRINGS	7,552				
NIOBRARA	7,658				

Operator Comments:

TPZ is based on approved APD footage, actual TPZ will be submitted on Form 5A.

As drilled GPS was surveyed after conductor was set.

Alternative logging Program: No open hole logs were ran per rule 408.r IND log ran on Hanscome C21-18 (123-29145) and RES log ran on George 21N (123-51778).

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Kim BauerTitle: Regulatory Analyst II

Date: _____

Email: kimberlybauer@chevron.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
403850863	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
403850852	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>					
403850849	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403850856	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403850861	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403863034	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403866779	PDF-MWD/LWD	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)