

FORM
5

Rev
12/20

State 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:

402990726

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: 1775 SHERMAN STREET - STE 3000 Fax:
City: DENVER State: CO Zip: 80203 Email: Cassie.Gonzalez@pdce.com

API Number 05-123-50957-00 County: WELD
Well Name: Schrute Well Number: 5N
Location: QtrQtr: NESW Section: 16 Township: 5N Range: 64W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 2265 feet Direction: FSL Distance: 1762 feet Direction: FWL
As Drilled Latitude: 40.398290 As Drilled Longitude: -104.558100
GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 02/09/2022
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 1507 feet Direction: FSL Dist: 175 feet Direction: FWL
Sec: 16 Twp: 5N Rng: 64W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 1507 feet Direction: FSL Dist: 175 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) 12/23/2021 Date TD: 12/23/2021 Date Casing Set or D&A: 12/23/2021
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 1700 TVD** 1668 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): 1000 Fresh Water (bbls): 500
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls):

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 | 1690 | 872 | 1690 | 0 | VISU |

Bradenhead Pressure Action Threshold 507 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 Fluid: 1,000 bbls Fresh Water: 500 bbls Recycled or Reused Fluids: 415.5 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: _____ Email: Cassie.Gonzalez@pdce.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|------------------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 402990845 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 402990846 | 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> | | | |
| 402990847 | 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)