

**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

\*\* 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  
FNL/FSL FEL/FWL

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&amp;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)