

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400270603

Date Received:

04/10/2012

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 69175 4. Contact Name: Jeff Glossa
2. Name of Operator: PDC ENERGY INC Phone: (303) 831-3972
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838
City: DENVER State: CO Zip: 80203

5. API Number 05-123-21656-00 6. County: WELD
7. Well Name: UHRICH Well Number: 43-8
8. Location: QtrQtr: NESE Section: 8 Township: 6N Range: 64W Meridian: 6
Footage at surface: Distance: 1840 feet Direction: FSL Distance: 480 feet Direction: FEL
As Drilled Latitude: 40.498280 As Drilled Longitude: -104.566396

GPS Data:
Date of Measurement: 06/27/2010 PDOP Reading: 1.8 GPS Instrument Operator's Name: Holly L. Tracey

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:
** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:

9. Field Name: WATTENBERG 10. Field Number: 90750
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/15/2003 13. Date TD: 14. Date Casing Set or D&A:

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

16. Total Depth MD 7340 TVD** 17 Plug Back Total Depth MD 7302 TVD**

18. Elevations GR 4830 KB 4840
One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0					

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/16/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	3,879	401	0	3,879

Details of work:

Annular cementing

TIH circulate to 7246'. Set RBP @ 6721, pressure test casing to 2000 psi, test good. TIH with 1 1/4" annular cement string, tag original cmt @ 3879'. Set EOT @ 3877, pump 293 sks 12.0# Varicem, pulled EOT to 2033', pumped 108 sks 12.0# Varicem, circulate 15 bbl to surface.

Run CBL from 4300' to surface

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: Jeff Glossa

Title: Sr Engineering Tech Date: 4/10/2012 Email: jglossa@petd.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400270607	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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			
400270603	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400270606	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)