

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



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| DE | ET | OE | ES |
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Document Number:
400337028

Date Received:

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: <u>69175</u> | 4. Contact Name: <u>Jenifer Hakkarinen</u> |
| 2. Name of Operator: <u>PDC ENERGY INC</u> | Phone: <u>(303) 8605800</u> |
| 3. Address: <u>1775 SHERMAN STREET - STE 3000</u> | Fax: <u>(303) 8605838</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u> | |

| | |
|--|--|
| 5. API Number <u>05-123-14314-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>GRESS</u> | Well Number: <u>23-30</u> |
| 8. Location: QtrQtr: <u>NESW</u> Section: <u>30</u> Township: <u>4N</u> Range: <u>66W</u> Meridian: <u>6</u> | |
| Footage at surface: Distance: <u>2160</u> feet Direction: <u>FSL</u> | Distance: <u>1825</u> feet Direction: <u>FWL</u> |
| As Drilled Latitude: _____ | As Drilled Longitude: _____ |

GPS Data:

Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** 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: <u>WATTENBERG</u> | 10. Field Number: <u>90750</u> |
| 11. Federal, Indian or State Lease Number: <u>62226</u> | |

| | | |
|--|--------------------------------|-----------------------------------|
| 12. Spud Date: (when the 1st bit hit the dirt) <u>07/26/1989</u> | 13. Date TD: <u>07/29/1989</u> | 14. Date Casing Set or D&A: _____ |
|--|--------------------------------|-----------------------------------|

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

| | |
|--|---|
| 16. Total Depth MD <u>7395</u> TVD** _____ | 17 Plug Back Total Depth MD <u>7376</u> TVD** _____ |
|--|---|

| | |
|--|--|
| 18. Elevations GR <u>4720</u> KB <u>4730</u> | 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:

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 | 226 | 150 | 0 | 226 | CALC |
| 1ST | 7+7/8 | 3+1/2 | 9.3 | 0 | 7,378 | 210 | 6,640 | 7,378 | CALC |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/01/1989

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| SQUEEZE | 1ST | 5,020 | 165 | 4,500 | 5,020 |

Details of work:

Set RBP @ 7228
 casing leaks isolated from 1862'-1894'
 squeeze holes shot @ 5020' to cover interval up to 4530'
 Cmt retainer set @ 4970
 Pump 165 sx 14.4# cmt
 Pull tubing out of stinger, laying down 2 joints.
 Unable to reverse out, tubing stuck, tubing parted @ 779 while trying to pull free
 tubing cut @ 1817'
 Well SI

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:

Per request this form 5 is being filed with the intent to update COGCC DB to reflect an attempted squeeze in 2008. The squeeze did not go according to plan and resulted in a cement retainer and tubing being stuck in 3 1/2" casing. It is PDC Energy's intent to P&A this well and required forms and attachments have been filed

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

Signed: _____ Print Name: Jenifer Hakkarinen

Title: Regulatory Analyst Date: _____ Email: Jenifer.Hakkarinen@pdce.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| | CMT Summary * | Yes <input type="checkbox"/> | No <input checked="" 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 type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400337030 | Other | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)