

FORM
5Rev
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:

400326541

Date Received:

09/13/2012

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: Jenifer Hakkarinen

2. Name of Operator: PDC ENERGY INC

Phone: (303) 8605800

3. Address: 1775 SHERMAN STREET - STE 3000

Fax: (303) 8605838

City: DENVER State: CO Zip: 80203

5. API Number 05-123-35168-00

6. County: WELD

7. Well Name: Thornton

Well Number: 19X-404

8. Location: QtrQtr: NESE Section: 19 Township: 7N Range: 66W Meridian: 6

Footage at surface: Distance: 1340 feet Direction: FSL Distance: 230 feet Direction: FEL

As Drilled Latitude: 40.556580 As Drilled Longitude: -104.812920

GPS Data:

Data of Measurement: 07/13/2012 PDOP Reading: 2.2 GPS Instrument Operator's Name: Holly L. Tracy

** If directional footage at Top of Prod. Zone Dist.: 1290 feet. Direction: FSL Dist.: 920 feet. Direction: FEL

Sec: 19 Twp: 7n Rng: 66w

** If directional footage at Bottom Hole Dist.: 1260 feet. Direction: FSL Dist.: 473 feet. Direction: FWL

Sec: 19 Twp: 7n Rng: 66w

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) 04/07/2012 13. Date TD: 04/19/2012 14. Date Casing Set or D&A: 04/23/2012

15. Well Classification:

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

16. Total Depth MD 12034 TVD** 7357 17 Plug Back Total Depth MD 11940 TVD** 7362

18. Elevations GR 4961 KB 4976

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, GR

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	13+3/4	9+5/8	36	0	908	810	0	908	VISU
1ST	8+3/4	7	26	0	7,841	645	2,116	7,841	CBL
1ST LINER	6+1/4	4+1/2	11.6	7598	11,940				

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:

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	
CODELL	7,443		<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: Jenifer Hakkarinen

Title: Regulatory Analyst Date: 9/13/2012 Email: Jenifer.Hakkarinen@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400326547	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400326548	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>					
400326541	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400326545	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400326546	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400326549	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Changed TPZ footage to FEL and BHL footage to FWL. Informed operator.	11/8/2012 9:45:27 AM

Total: 1 comment(s)