

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:

400490984

Date Received:

10/23/2013

## 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: Christine Brookshire

2. Name of Operator: PDC ENERGY INC

Phone: (303) 860-5800

3. Address: 1775 SHERMAN STREET - STE 3000

Fax: (303) 860-5838

City: DENVER State: CO Zip: 80203

5. API Number 05-123-36100-00

6. County: WELD

7. Well Name: Dalton

Well Number: 24Q-241

8. Location: QtrQtr: SESW Section: 24 Township: 7N Range: 66W Meridian: 6

Footage at surface: Distance: 250 feet Direction: FSL Distance: 2600 feet Direction: FWL

As Drilled Latitude: 40.554310 As Drilled Longitude: -104.725830

## GPS Data:

Data of Measurement: 08/13/2013 PDOP Reading: 1.8 GPS Instrument Operator's Name: Holly L .Tracy

\*\* If directional footage at Top of Prod. Zone Dist.: 1274 feet. Direction: FSL Dist.: 2303 feet. Direction: FWL

Sec: 24 Twp: 7N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 499 feet. Direction: FNL Dist.: 2313 feet. Direction: FWL

Sec: 24 Twp: 7N Rng: 66W

9. Field Name: EATON

10. Field Number: 19350

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/09/2013 13. Date TD: 04/19/2013 14. Date Casing Set or D&amp;A: 04/09/2013

## 15. Well Classification:

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

16. Total Depth MD 11637 TVD\*\* 7193 17 Plug Back Total Depth MD 11637 TVD\*\* 7193

18. Elevations GR 4865 KB 4875

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	13+3/4	9+5/8	36	0	944	840	0	957	CBL
1ST	8+3/4	7	26	0	7,668	671	0	7,668	CBL
1ST LINER	7	4+1/2	13.5	7538	11,733				CBL

## 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	
NIOBRARA	7,213		<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: Christine BrookshireTitle: Regulatory Tech Date: 10/23/2013 Email: christine.brookshire@pdce.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400491611	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400491225	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"/>
400491613	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400490984	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400491196	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400531361	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
-------------------	----------------	---------------------

--	--	--

Total: 0 comment(s)