

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:

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:

Date 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&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 Brookshire

Title: Regulatory Tech Date: 10/23/2013 Email: christine.brookshire@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
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"/>
Other Attachments			
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)