

FORM
5Rev
09/14

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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Document Number:

400726469

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

OGCC Operator Number: 69175

Contact Name: Brian Keenan

Name of Operator: PDC ENERGY INC

Phone: (303) 318-6143

Address: 1775 SHERMAN STREET - STE 3000

Fax: (303) 831-3990

City: DENVER State: CO Zip: 80203

API Number 05-123-38274-00

County: WELD

Well Name: Guttersen

Well Number: 6U-443

Location: QtrQtr: NENE Section: 6 Township: 2N Range: 63W Meridian: 6

Footage at surface: Distance: 75 feet Direction: FNL Distance: 444 feet Direction: FEL

As Drilled Latitude: 40.174468 As Drilled Longitude: -104.472469

GPS Data:

Date of Measurement: 09/25/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 603 feet. Direction: FSL Dist.: 536 feet. Direction: FEL

Sec: 6 Twp: 2N Rng: 63W

** If directional footage at Bottom Hole Dist.: 501 feet. Direction: FSL Dist.: 514 feet. Direction: FEL

Sec: 6 Twp: 2N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/23/2014 Date TD: 05/01/2014 Date Casing Set or D&A: 05/03/2014

Rig Release Date: 05/03/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11248 TVD** 6807 Plug Back Total Depth MD TVD** 6807

Elevations GR 4836 KB 4849 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL (PDF & LAS), Surface Cement Ticket, Final Directional Survey, COGCC Final Directional Survey (Excel)

CASING, LINER AND CEMENT

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	926	830	0	926	CALC
1ST	8+3/4	7	26	0	7,040	618	0	7,040	CALC
1ST LINER	6+1/8	4+1/2	13.5	6924	11,242				

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
CODELL		7,083			

Comment:

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

Signed: _____ Print Name: Brian

Title: Keenan Date: _____ Email: brian.keenan@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
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Attachment Checklist

400728364	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400726492	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"/>
400726495	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Other Attachments

400726487	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400726489	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)