

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.

Document Number:
400726469

Date Received:

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+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 ? | |
|-----------------------------|-----------------------|-----------------------------------------|----------------------------------------|
| <u>Attachment Checklist</u> | | | |
| 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"/> |
| <u>Other Attachments</u> | | | |
| 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

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

Total: 0 comment(s)