

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



DE ET OE ES

Document Number:

400903968

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: Ally Gale

Name of Operator: PDC ENERGY INC

Phone: (303) 831-3931

Address: 1775 SHERMAN STREET - STE 3000

Fax: (303) 860-5838

City: DENVER State: CO Zip: 80203

API Number 05-123-39075-00

County: WELD

Well Name: Becker Ranch

Well Number: 5E-403

Location: QtrQtr: NWNW Section: 5 Township: 3N Range: 64W Meridian: 6

Footage at surface: Distance: 223 feet Direction: FNL Distance: 853 feet Direction: FWL

As Drilled Latitude: 40.261172 As Drilled Longitude: -104.581189

GPS Data:

Date of Measurement: 09/14/2015 PDOP Reading: 1.9 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 705 feet. Direction: FNL Dist.: 149 feet. Direction: FWL

Sec: 5 Twp: 3N Rng: 64W

** If directional footage at Bottom Hole Dist.: 514 feet. Direction: FSL Dist.: 134 feet. Direction: FWL

Sec: 5 Twp: 3N Rng: 64W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/25/2015 Date TD: 06/01/2015 Date Casing Set or D&A: 06/03/2015

Rig Release Date: 07/27/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11599 TVD** 7034 Plug Back Total Depth MD 11592 TVD** 7034

Elevations GR 4820 KB 4833 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Cased hole neutron, CBL, MWD (DIL in 123-13764)

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+1/2	9+5/8	36	0	925	760	0	925	VISU
1ST	8+3/4	7	26	0	7,438	835	0	7,438	VISU
1ST LINER	6+1/8	4+1/2	13.5	7140	11,595				

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	
PARKMAN	3,841				
SUSSEX	4,376				
SHARON SPRINGS	6,613				
NIOBRARA	6,799				
FORT HAYS	7,277				
CODELL	7,438				

Comment:

Open Hole Logging Exception, No open hole logs were run on this pad; Cased hole neutron run.
Shannon formation not present.
MWD not run on vertical portion of wellbore.

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

Signed: _____

Print Name: Ally Gale

Title: Regulatory Tech

Date: _____

Email: alexandria.gale@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401129252	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400903995	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>		
400903984	NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400903986	NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400903991	CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400903992	CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400903994	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401129247	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401129248	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401129249	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401129250	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)