

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:

400703991

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) 860-5800

Address: 1775 SHERMAN STREET - STE 3000

Fax: (303) 860-5838

City: DENVER State: CO Zip: 80203

API Number 05-123-37929-00

County: WELD

Well Name: Harvesters Resources

Well Number: 15M-303

Location: QtrQtr: NWNE Section: 15 Township: 6N Range: 66W Meridian: 6

Footage at surface: Distance: 323 feet Direction: FNL Distance: 2083 feet Direction: FEL

As Drilled Latitude: 40.494718 As Drilled Longitude: -104.761631

GPS Data:

Date of Measurement: 07/01/2014 PDOP Reading: 1.8 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 929 feet. Direction: FNL Dist.: 2521 feet. Direction: FEL

Sec: 15 Twp: 6N Rng: 66W

** If directional footage at Bottom Hole Dist.: 507 feet. Direction: FSL Dist.: 2537 feet. Direction: FEL

Sec: 15 Twp: 6N Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/02/2014 Date TD: 02/16/2014 Date Casing Set or D&A: 02/11/2014

Rig Release Date: 03/19/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11587 TVD** 7180 Plug Back Total Depth MD 11578 TVD** 7180

Elevations GR 4820 KB 4835 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MWD, DIL/CDL/CNL

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	928	830	0	928	VISU
1ST	8+3/4	7	26	0	7,682	640	0	7,682	VISU
1ST LINER	6+1/8	4+1/2	13.5	7500	11,582				

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	3,763				
SUSSEX	4,309				
SHANNON	4,927				
SHARON SPRINGS	6,950				
NIOBRARA	7,037				

Comment:

Open hole log was run on this well.
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>		
401129145	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400704072	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>		
400704042	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400704073	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400706192	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401128526	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401128527	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401128528	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401128529	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401128530	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401129144	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401129146	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401129147	LAS-DUAL INDUCTION	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)