

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:

400703270

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 05-123-37926-00

County: WELD

Well Name: Harvesters Resources

Well Number: 15R-243

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

Footage at surface: Distance: 323 feet Direction: FNL Distance: 2023 feet Direction: FEL

As Drilled Latitude: 40.494710 As Drilled Longitude: -104.761420

## 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.: 909 feet. Direction: FNL Dist.: 1696 feet. Direction: FEL

Sec: 15 Twp: 6N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 500 feet. Direction: FSL Dist.: 1778 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) 03/07/2014 Date TD: 03/17/2014 Date Casing Set or D&amp;A: 03/18/2014

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 11565 TVD\*\* 7122 Plug Back Total Depth MD 11557 TVD\*\* 7122

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

## List Electric Logs Run:

CBL, MWD (DIL in 123-37929)

## 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             | 917           | 830       | 0       | 917     | VISU   |
| 1ST         | 8+3/4        | 7              | 26    | 0             | 7,623         | 615       | 0       | 7,623   | VISU   |
| 1ST LINER   | 6+1/8        | 4+1/2          | 13.5  | 7475          | 11,561        |           |         |         |        |

## 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        | 3,715          |        |                  |       |   |
| SUSSEX         | 4,248          |        |                  |       |   |
| SHANNON        | 4,886          |        |                  |       |   |
| SHARON SPRINGS | 6,905          |        |                  |       |   |
| NIOBRARA       | 7,071          |        |                  |       |   |

Comment:

Open hole log run on Harvesters Resources 15M-303 (API: 05-123-37929).  
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> |                       |   |
| 401143462                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|                             | Core Analysis         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400703309                   | 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>    |                       |   |
| 400703306                   | PDF-CBL 1ST RUN       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400703318                   | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401128517                   | LAS-CBL 1ST RUN       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401128518                   | LAS-MWD/LWD           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401128519                   | PDF-MWD/LWD           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401128520                   | PDF-MWD/LWD           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401128521                   | PDF-MWD/LWD           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401128522                   | PDF-MWD/LWD           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401129164                   | 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)