

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:

400904078

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 05-123-41901-00

County: WELD

Well Name: Becker Ranch

Well Number: 5J-303

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

Footage at surface: Distance: 223 feet Direction: FNL Distance: 928 feet Direction: FWL

As Drilled Latitude: 40.261170 As Drilled Longitude: -104.580920

GPS Data:

Date of Measurement: 09/14/2015 PDOP Reading: 2.9 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 884 feet. Direction: FNL Dist.: 1016 feet. Direction: FWL

Sec: 5 Twp: 3N Rng: 64W

** If directional footage at Bottom Hole Dist.: 500 feet. Direction: FSL Dist.: 1114 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) 07/16/2015 Date TD: 07/24/2015 Date Casing Set or D&A: 07/26/2015

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 11473 TVD** 6902 Plug Back Total Depth MD 11447 TVD** 6902

Elevations GR 4819 KB 4832 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

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	924	760	0	924	VISU
1ST	8+3/4	7	26	0	7,519	780	0	7,519	VISU
1ST LINER	6+1/8	4+1/2	13.5	6426	11,470	470	6,426	11,470	CALC

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	3,722				
SUSSEX	4,315				
SHARON SPRINGS	6,559				
NIOBRARA	6,763				
FORT HAYS	7,519				

Comment:

Open Hole Logging Exception, No open hole logs run on this pad; Cased hole neutron run on Becker Ranch 5E-403 (API: 05-123-39075). Shannon formation not present.
MWD not ran in vertical portion of wellbore.
Lat/Long coordinates are as-drilled; Well was drilled exactly as proposed.

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>		
401129205	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400904097	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"/>
401158003	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Other Attachments</u>		
400904092	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400904093	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400904094	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400904095	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400904096	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401129198	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401129200	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401129202	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401129204	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)