

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:

401160575

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 05-123-43092-00

County: WELD

Well Name: Schaumburg

Well Number: 17F-334

Location: QtrQtr: SWNW Section: 17 Township: 5N Range: 64W Meridian: 6

Footage at surface: Distance: 1624 feet Direction: FNL Distance: 995 feet Direction: FWL

As Drilled Latitude: 40.402001 As Drilled Longitude: -104.579900

## GPS Data:

Date of Measurement: 11/25/2016 PDOP Reading: 2.4 GPS Instrument Operator's Name: Jason Dahlman

\*\* If directional footage at Top of Prod. Zone Dist.: 1603 feet. Direction: FNL Dist.: 175 feet. Direction: FWL

Sec: 17 Twp: 5N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 1545 feet. Direction: FNL Dist.: 135 feet. Direction: FWL

Sec: 18 Twp: 5N Rng: 64W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/04/2016 Date TD: 07/10/2016 Date Casing Set or D&amp;A: 07/11/2016

Rig Release Date: 08/09/2016 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 12120 TVD\*\* 6756 Plug Back Total Depth MD 12103 TVD\*\* 6756

Elevations GR 4620 KB 4633

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL, MWD (DIL in 123-43088-00)

## 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	12+1/4	9+5/8	36	0	1,470	700	0	1,470	VISU
1ST	8+1/2	5+1/2	20	0	12,118	1,915	0	12,118	VISU

## 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	3,558				
SUSSEX	4,265				
SHANNON	4,984				
SHARON SPRINGS	6,487				
NIOBRARA	6,634				

Comment:

No open hole log was run on this well; DIL run on Schaumberg 17F-202 (API: 05-123-43088-00).  
This well was drilled in the wrong order, thus the SHL footages are off slightly. See attached as-drilled plat.  
This well has not yet been completed; Top of Producing Zone footage is estimated based on formation entry point.

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>			
401160632	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401160631	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>			
401160621	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401160623	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401160626	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401160627	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401160628	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401160630	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401160635	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401160636	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)