

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.

Document Number:
401018543

Date Received:

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 05-123-42233-00 County: WELD

Well Name: Lajco Well Number: 17U-343

Location: QtrQtr: NWNE Section: 17 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 295 feet Direction: FNL Distance: 2187 feet Direction: FEL

As Drilled Latitude: 40.319450 As Drilled Longitude: -104.913810

GPS Data:
Date of Measurement: 02/17/2016 PDOP Reading: 1.5 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 639 feet. Direction: FNL Dist.: 363 feet. Direction: FEL
Sec: 17 Twp: 4N Rng: 67W

** If directional footage at Bottom Hole Dist.: 499 feet. Direction: FSL Dist.: 430 feet. Direction: FEL
Sec: 17 Twp: 4N Rng: 67W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/06/2016 Date TD: 01/12/2016 Date Casing Set or D&A: 01/13/2016

Rig Release Date: 02/02/2016 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 11663 TVD** 7023 Plug Back Total Depth MD 11611 TVD** 7023

Elevations GR 4794 KB 4807 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD (DIL in 123-12154)

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	1,252	665	0	1,252	VISU
1ST	8+3/4	5+1/2	20	0	11,625	1,730	0	11,625	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	3,573				
SUSSEX	4,092				
SHANNON	4,680				
SHARON SPRINGS	6,957				
NIOBRARA	7,101				

Comment:

Open Hole Logging Exception, No open hole logs were run on this pad; Cased hole neutron run on Lajco 17M-423 (API: 05-123-42230).

Lat/Long Coordinates are as-drilled. This 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 Technician I Date: _____ Email: alexandria.gale@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401132524	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401019819	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"/>
Other Attachments			
401018565	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018567	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018568	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018569	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018570	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018571	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018572	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018575	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401132521	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)