

FORM 5
Rev 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:
401018614

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 05-123-42228-00 County: WELD
Well Name: Lajco Well Number: 17R-223
Location: QtrQtr: NWNE Section: 17 Township: 4N Range: 67W Meridian: 6
Footage at surface: Distance: 310 feet Direction: FNL Distance: 2186 feet Direction: FEL
As Drilled Latitude: 40.319410 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.: 684 feet. Direction: FNL Dist.: 849 feet. Direction: FEL
Sec: 17 Twp: 4N Rng: 67W
** If directional footage at Bottom Hole Dist.: 500 feet. Direction: FSL Dist.: 939 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) 12/30/2015 Date TD: 01/04/2016 Date Casing Set or D&A: 01/06/2016
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 11477 TVD** 6924 Plug Back Total Depth MD 11461 TVD** 6924

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	1,249	670	0	1,249	VISU
1ST	8+3/4	5+1/2	20	0	11,477	1,735	0	11,477	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	3,508				
SUSSEX	4,023				
SHANNON	4,613				
SHARON SPRINGS	6,860				
NIOBRARA	6,996				

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			
401175060	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401019839	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			
401018632	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018633	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018634	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018636	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018637	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018638	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018639	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018640	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401131434	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)