

Document Number:  
401018647

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 05-123-42234-00 County: WELD  
 Well Name: Lajco Well Number: 17R-303  
 Location: QtrQtr: NWNE Section: 17 Township: 4N Range: 67W Meridian: 6  
 Footage at surface: Distance: 325 feet Direction: FNL Distance: 2186 feet Direction: FEL  
 As Drilled Latitude: 40.319370 As Drilled Longitude: -104.913800

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.: 822 feet. Direction: FNL Dist.: 1073 feet. Direction: FEL  
 Sec: 17 Twp: 4N Rng: 67W  
 \*\* If directional footage at Bottom Hole Dist.: 501 feet. Direction: FSL Dist.: 1159 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) 12/22/2015 Date TD: 12/27/2015 Date Casing Set or D&A: 12/30/2015  
 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 11472 TVD\*\* 7017 Plug Back Total Depth MD 11450 TVD\*\* 7017  
 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	1,226	650	0	1,226	VISU
1ST	8+3/4	5+1/2	20	0	11,465	1,775	0	11,465	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	3,530				
SUSSEX	3,993				
SHANNON	4,572				
SHARON SPRINGS	6,772				
NIOBRARA	6,947				

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).

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 ?	
<b>Attachment Checklist</b>			
401132661	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401018679	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"/>
<b>Other Attachments</b>			
401018666	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018667	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018669	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018671	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018673	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018674	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018676	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401018678	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401132660	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)