

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



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Document Number:
401175467

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: Kelsi Welch
 Name of Operator: PDC ENERGY INC Phone: (303) 831-3974
 Address: 1775 SHERMAN STREET - STE 3000 Fax: _____
 City: DENVER State: CO Zip: 80203

API Number 05-123-21662-00 County: WELD
 Well Name: MCINTOSH Well Number: 44-23
 Location: QtrQtr: SESE Section: 23 Township: 6N Range: 64W Meridian: 6
 Footage at surface: Distance: 470 feet Direction: FSL Distance: 470 feet Direction: FEL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 09/26/2003 Date TD: _____ Date Casing Set or D&A: _____
 Rig Release Date: 09/30/2003 Per Rule 308A.b.

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

Total Depth MD 7045 TVD** _____ Plug Back Total Depth MD 7045 TVD** _____

Elevations GR 4635 KB 4647 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

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	8+5/8	24	0	424	255	0	424	
1ST	7+7/8	4+1/2	10.5	2460	6,998	380	2,460	6,998	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	2,450	385	0	2,450

Details of work:

McIntosh 44-23 (05-123-21662)
Remedial Annular Cementing Procedure

- Surface Csg: 8.625" – 24# - Set @ 424' w/ 255 sxs.
- Production Csg: 4.5" – 10.5# - Set @ 6,998' w/ 380 sxs.
- CBL Production TOC: @ 2,460'

- 1) MIRU WO rig.
- 2) Make sure well is dead. Check Bradenhead pressure.
- 3) POOH with tubing.
- 4) ND WH.
- 5) Spear 4.5" production csg to remove out of slips.
- 6) TIH w/ 1 ¼" 3.02# CS Hydril stick pipe to 1,000' in production csg annular space
- 7) RU cmt unit.
- 8) Pump 385 sx from 2450' to surface. Pull 1 ¼" tubing.
- 9) WOC.
- 10) Top remaining annular volume off.
- 11) Set slips and NU WH. TIH with tubing.
- 12) RDMO WO rig. Return well to production.

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	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Kelsi Welch

Title: Production tech

Date: _____

Email: kelsi.welch@Pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?
Attachment Checklist		
401175482	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/> No <input checked="" 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		
401175481	PDF-CEMENT BOND	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)