

Document Number:  
401209815

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: Jenifer Hakkarinen  
 Name of Operator: PDC ENERGY INC Phone: (303) 8605800  
 Address: 1775 SHERMAN STREET - STE 3000 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80203

API Number 05-123-21919-00 County: WELD  
 Well Name: COCKROFT Well Number: 44-11  
 Location: QtrQtr: SESE Section: 11 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) 01/22/2004 Date TD: 01/26/2004 Date Casing Set or D&A: 01/26/2004  
 Rig Release Date: 01/26/2004 Per Rule 308A.b.

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

Total Depth MD 7056 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 7053 TVD\*\* \_\_\_\_\_  
 Elevations GR 4700 KB 4710 **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	443	275	0	443	VISU
1ST	7+7/8	4+1/2	10.5	0	7,053	150	6,042	7,053	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 02/04/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	2,575	806	0	2,575

Details of work:

Rig in Baker Hughes cementers.  
 Mix and pump 10 bbl of mud clean.  
 Mix and pump 175 bbl - 806 sx premium-lite + 3.0% gel. { yield - 1.55, gps - 7.87 }.  
 Cement circulated to surface.  
 Rig out Baker Hugher. Trip 1 1/4" tubing out of the well.

### 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: Jenifer Hakkarinen

Title: Reg Tech Date: \_\_\_\_\_ Email: Jenifer.Hakkarinen@pdce.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401209832	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)