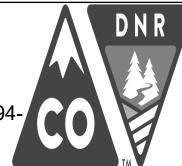


FORM
5Rev
09/14State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400937800

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: Venessa Langmacher

Name of Operator: PDC ENERGY INC

Phone: (303) 318-6102

Address: 1775 SHERMAN STREET - STE 3000

Fax: (303) 831-3988

City: DENVER State: CO Zip: 80203

API Number 05-123-12024-00

County: WELD

Well Name: NYGREN

Well Number: 19-1

Location: QtrQtr: SESW Section: 19 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 600 feet Direction: FSL Distance: 2119 feet Direction: FWL

As Drilled Latitude: 40.293580 As Drilled Longitude: -104.934890

GPS Data:

Date of Measurement: 11/16/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Field

** 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: 65508

Spud Date: (when the 1st bit hit the dirt) 10/12/1984 Date TD: 10/26/1984 Date Casing Set or D&A: 11/14/1984

Rig Release Date: 11/14/1984 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 7437 TVD** Plug Back Total Depth MD 7390 TVD**

Elevations GR 4985 KB 4968 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL Attached

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 | 320 | 250 | 0 | 320 | CALC |
| 1ST | 6+3/4 | 4+1/2 | 11.6 | 0 | 7,430 | 225 | 0 | 7,430 | CALC |

STAGE/TOP OUT/REMEDIAL CEMENT

| Cement work date: _____ | | | | | |
|-------------------------|--------|-----------------------------------|---------------|------------|---------------|
| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
| 1 INCH | SURF | 6,080 | 350 | 0 | 6,080 |

Details of work:

Annular Fill

| 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 | |
| SHANNON | 4,230 | 4,250 | | | |
| NIOBRARA | 7,020 | 7,315 | | | |
| CODELL | 7,334 | 7,353 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Comment:

This report is being submitted to report the annular fill that was completed on 10/9/2015.
 I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Venessa Langmacher

Title: Senior Regulatory Tech

Date: _____

Email: venessa.langmacher@pdce.com

| Attachment Check List | | |
|-----------------------------|-----------------------|---|
| Att Doc Num | Document Name | attached ? |
| <u>Attachment Checklist</u> | | |
| 401082518 | 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"/> |
| <u>Other Attachments</u> | | |
| 400937810 | CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400937811 | CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

General Comments

User Group

Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)