

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.

Document Number:
400937800

Date Received:

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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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

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

Total: 0 comment(s)