

**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:  
401158077

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 05-123-43158-00 County: WELD  
 Well Name: Hop Well Number: 18F-102  
 Location: QtrQtr: NWNW Section: 18 Township: 5N Range: 64W Meridian: 6  
 Footage at surface: Distance: 1001 feet Direction: FNL Distance: 893 feet Direction: FWL  
 As Drilled Latitude: 40.403627 As Drilled Longitude: -104.598616

GPS Data:  
 Date of Measurement: 12/13/2016 PDOP Reading: 2.2 GPS Instrument Operator's Name: Devin Arnold

\*\* If directional footage at Top of Prod. Zone Dist.: 1169 feet. Direction: FNL Dist.: 460 feet. Direction: FWL  
 Sec: 18 Twp: 5N Rng: 64W  
 \*\* If directional footage at Bottom Hole Dist.: 1279 feet. Direction: FNL Dist.: 500 feet. Direction: FEL  
 Sec: 17 Twp: 5N Rng: 64W

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

Spud Date: (when the 1st bit hit the dirt) 10/17/2016 Date TD: 10/23/2016 Date Casing Set or D&A: 10/26/2016  
 Rig Release Date: 10/26/2016 Per Rule 308A.b.

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

Total Depth MD 16506 TVD\*\* 6592 Plug Back Total Depth MD 16403 TVD\*\* 6594

Elevations GR 4618 KB 4641 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, MWD, Cased hole neutron (DIL in 123-13398)

**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	1,549	720	0	1,549	VISU
1ST	8+1/2	5+1/2	20	0	16,418	2,640	0	16,418	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	3,554				
SUSSEX	4,286				
SHARON SPRINGS	6,572				
NIOBRARA	6,725				

Comment:

Open Hole Logging Exception, No open hole logs were run on this well; Cased hole neutron run on this well.  
Shannon formation not present.  
This well has not yet been completed; Top of Producing Zone footage is estimated based on 460' GWA setback.

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 Tech \_\_\_\_\_

Date: \_\_\_\_\_

Email: alexandria.gale@pdce.com \_\_\_\_\_

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
401158222	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401158217	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>			
401158202	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158203	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158207	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158208	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158209	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158210	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158211	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158212	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158213	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158216	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401158220	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)