

**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:  
401240189

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) 831-3947  
 Address: 1775 SHERMAN STREET - STE 3000 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80203

API Number 05-123-13666-00 County: WELD  
 Well Name: MARK Well Number: 11-35  
 Location: QtrQtr: NESW Section: 35 Township: 4N Range: 65W Meridian: 6  
 Footage at surface: Distance: 1980 feet Direction: FSL Distance: 1980 feet Direction: FWL  
 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: 67940

Spud Date: (when the 1st bit hit the dirt) 11/27/1987 Date TD: \_\_\_\_\_ Date Casing Set or D&A: \_\_\_\_\_  
 Rig Release Date: 12/02/1987 Per Rule 308A.b.

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

Total Depth MD 7200 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 6957 TVD\*\* \_\_\_\_\_

Elevations GR 4743 KB 4754 **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	300	280	0	300	
1ST	7+7/8	4+1/2	15.1	0	7,200	220	6,062	7,200	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 03/07/2017

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	4,624	300	3,915	4,670
1 INCH	1ST	628	500	60	640

Details of work:

- 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 casing to remove out of slips.
- 6) TIH w/ 1 1/4" 3.02# CS Hydril stick pipe to 4,624' in production casing annular space.
- 7) RU cmt unit.
- 8) Mix and pump 300 sxs cement from 4,670' to 3,915' to cover Sussex formation.
- 9) Reset 1 1/4" tubing to 628'.
- 10) Mix and pump 500 sxs cement from 640' to 60'.
- 11) Top remaining annular volume off.
- 12) Set slips and NU WH. TIH with tubing.
- 13) RDMO WO rig.

### 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 ?	
<b>Attachment Checklist</b>			
401240289	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"/>
<b>Other Attachments</b>			
401240290	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401240292	LAS-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)