

FORM  
5Rev  
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:

401185746

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 05-123-41170-00

County: WELD

Well Name: Jacobucci

Well Number: 32K-243

Location: QtrQtr: NWSW Section: 32 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 2437 feet Direction: FSL Distance: 1038 feet Direction: FWL

As Drilled Latitude: 40.007020 As Drilled Longitude: -104.920000

## GPS Data:

Date of Measurement: 06/01/2016 PDOP Reading: 1.6 GPS Instrument Operator's Name: Devin Arnold

\*\* If directional footage at Top of Prod. Zone Dist.: 2032 feet. Direction: FSL Dist.: 818 feet. Direction: FWL

Sec: 32 Twp: 1N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 500 feet. Direction: FSL Dist.: 337 feet. Direction: FWL

Sec: 5 Twp: 1S Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/11/2016 Date TD: 04/17/2016 Date Casing Set or D&amp;A: 04/19/2016

Rig Release Date: 05/14/2016 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 14468 TVD\*\* 7607 Plug Back Total Depth MD 14445 TVD\*\* 7607

Elevations GR 5045 KB 5058 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL, MWD (DIL in 123-09829)

## 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	1,830	850	0	1,830	VISU
1ST	8+1/2	5+1/2	20	0	14,461	2,447	150	14,461	CBL

## 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	4,395				
SUSSEX	4,731				
SHANNON	5,369				
SHARON SPRINGS	7,330				
NIOBRARA	7,433				

Comment:

Open Hole Logging Exception, APD was approved with no logging BMPs or Exceptions; No open hole logs were run on this pad. Cement top estimated using attached CBL by PDC Completions Engineer.

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 ?
<u>Attachment Checklist</u>		
401256559	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401256555	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"/>
<u>Other Attachments</u>		
401256539	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401256543	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401256547	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401256548	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401256549	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401256550	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401256551	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401256554	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401256562	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)