

**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:  
400951101

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 05-123-41673-00 County: WELD  
 Well Name: Collins Well Number: 18Q-301  
 Location: QtrQtr: SESE Section: 18 Township: 4N Range: 64W Meridian: 6  
 Footage at surface: Distance: 234 feet Direction: FSL Distance: 1000 feet Direction: FEL  
 As Drilled Latitude: 40.305750 As Drilled Longitude: -104.587660

GPS Data:  
 Date of Measurement: 12/01/2015 PDOP Reading: 3.8 GPS Instrument Operator's Name: Devin Arnold

\*\* If directional footage at Top of Prod. Zone Dist.: 771 feet. Direction: FSL Dist.: 2431 feet. Direction: FEL  
 Sec: 18 Twp: 4N Rng: 64W  
 \*\* If directional footage at Bottom Hole Dist.: 499 feet. Direction: FNL Dist.: 2476 feet. Direction: FEL  
 Sec: 18 Twp: 4N Rng: 64W

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

Spud Date: (when the 1st bit hit the dirt) 09/26/2015 Date TD: 10/02/2015 Date Casing Set or D&A: 10/03/2015  
 Rig Release Date: 11/13/2015 Per Rule 308A.b.

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

Total Depth MD 11575 TVD\*\* 6913 Plug Back Total Depth MD 11548 TVD\*\* 6914  
 Elevations GR 4784 KB 4797 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, MWD (DIL in 123-17514)

**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	949	505	0	949	VISU
1ST	8+3/4	7	26	0	7,548	855	0	7,548	VISU
1ST LINER	6+1/8	4+1/2	13.5	6523	11,571	360	6,523	11,571	CALC

### 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	3,870				
SUSSEX	4,522				
SHARON SPRINGS	6,774				
NIOBRARA	6,976				

Comment:

No open hole logs were run on this pad. APD was approved with no logging BMPs or Exceptions.  
Shannon formation not present.  
MWD not run in vertical portion of wellbore.

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 Technician I

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

Email: alexandria.gale@pdce.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
401284758	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400951123	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>			
400951117	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400951119	CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400951121	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401284745	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401284746	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401284747	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401284748	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401284749	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401284759	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)