

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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| DE | ET | OE | ES |
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Document Number:

400951347

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 05-123-41671-00

County: WELD

Well Name: Collins

Well Number: 18T-321

Location: QtrQtr: SESE Section: 18 Township: 4N Range: 64W Meridian: 6

Footage at surface: Distance: 234 feet Direction: FSL Distance: 880 feet Direction: FEL

As Drilled Latitude: 40.305750 As Drilled Longitude: -104.587230

## GPS Data:

Date of Measurement: 12/01/2015 PDOP Reading: 2.1 GPS Instrument Operator's Name: Devin Arnold

\*\* If directional footage at Top of Prod. Zone Dist.: 614 feet. Direction: FSL Dist.: 1014 feet. Direction: FEL

Sec: 18 Twp: 4N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 500 feet. Direction: FNL Dist.: 1029 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) 10/26/2015 Date TD: 11/01/2015 Date Casing Set or D&amp;A: 11/02/2015

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 11471 TVD\*\* 6893 Plug Back Total Depth MD 11443 TVD\*\* 6893

Elevations GR 4782 KB 4795 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             | 944           | 510       | 0       | 944     | VISU   |
| 1ST         | 8+3/4        | 7              | 26    | 0             | 7,294         | 825       | 0       | 7,294   | VISU   |
| 1ST LINER   | 6+1/8        | 4+1/2          | 13.5  | 6541          | 11,467        | 356       | 6,541   | 11,467  | 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        | 3,688          |        |                  |       |   |
| SUSSEX         | 4,321          |        |                  |       |   |
| SHARON SPRINGS | 6,690          |        |                  |       |   |
| NIOBRARA       | 6,808          |        |                  |       |   |

Comment:

Lat/Long coordinates are as-drilled. This well was drilled exactly as proposed.  
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 ?  |
|-----------------------------|-----------------------|---|
| <u>Attachment Checklist</u> |                       |   |
| 401285705                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|                             | Core Analysis         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400951406                   | 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>    |                       |   |
| 400951404                   | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401285687                   | LAS-CBL 1ST RUN       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401285688                   | PDF-CBL 1ST RUN       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401285690                   | LAS-MWD/LWD           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401285691                   | PDF-MWD/LWD           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401285695                   | PDF-MWD/LWD           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401285697                   | PDF-MWD/LWD           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401285699                   | PDF-MWD/LWD           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401285704                   | 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)