

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.

Document Number:
400951347

Date Received:

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&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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)