

Document Number:  
401360589

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) 831-3974  
 Address: 1775 SHERMAN STREET - STE 3000 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80203

API Number 05-123-20166-00 County: WELD  
 Well Name: SAUER Well Number: 43-31  
 Location: QtrQtr: NESE Section: 31 Township: 5N Range: 67W Meridian: 6  
 Footage at surface: Distance: 1997 feet Direction: FSL Distance: 465 feet Direction: FEL  
 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: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 07/30/2001 Date TD: \_\_\_\_\_ Date Casing Set or D&A: \_\_\_\_\_  
 Rig Release Date: 08/08/2001 Per Rule 308A.b.

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

Total Depth MD 7175 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 7163 TVD\*\* \_\_\_\_\_

Elevations GR 4820 KB 4830 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL

**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	393	300	0	393	
1ST	7+7/8	4+1/2	10.5	0	7,157	175	6,250	7,157	

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	5,030	420	2,194	5,030
1 INCH	1ST	617	185	692	0

Details of work:

Sauer 43-31 (05-123-20166)  
 Remedial Annular Fill Procedure  
 • Surface Csg: 8 5/8" – 24# - Set @ 393' w/ 300 sks  
 • Production Csg: 4.5" – 10.5# - Set @ 7157' w/ 175 sks  
 • CBL Production TOC @ 6250'

Following continuing WBI preparation...

- 1) Spear and unland 4.5" production casing. NU cement flange.
- 2) TIH 1 1/4" CS Hydril to 5030' in production casing annular space.
- 3) Circulate as needed.
- 4) RU cementers. Mix and pump 420 sx 13.5# premium lite cement for annular coverage from 5030' to 2194'.
- 5) TOOH to 617'. Mix and pump 185 sx 15.8# class G cmt for annular coverage from 692' to surface.
- 6) ND cement flange and re-land 4.5" production casing.
- 7) Run CBL from 5250' to surface to confirm adequate cement coverage.

### 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>			
401360605	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>			
401360603	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401362148	OPERATIONS SUMMARY	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)