

FORM
5Rev
09/14State 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:

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 ?	
<u>Attachment Checklist</u>			
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"/>
<u>Other Attachments</u>			
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)