

Document Number:
401418822

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 05-123-19916-00 County: WELD
 Well Name: NATIONAL HOG FARMS Well Number: 17-12
 Location: QtrQtr: SWNW Section: 17 Township: 5N Range: 63W Meridian: 6
 Footage at surface: Distance: 1894 feet Direction: FNL Distance: 660 feet Direction: FWL
 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: 259135

Spud Date: (when the 1st bit hit the dirt) 03/01/2000 Date TD: _____ Date Casing Set or D&A: _____
 Rig Release Date: 03/27/2000 Per Rule 308A.b.

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

Total Depth MD 6934 TVD** _____ Plug Back Total Depth MD 6850 TVD** _____
 Elevations GR 4670 KB 4682 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

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	405	285	0	405	
1ST	7+7/8	4+1/2	10.5	0	6,870	330	3,300	6,870	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/26/2004

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
RETAINER	1ST	3,437	410	3,349	3,427

Details of work:

Please see attached ops summary for job details.

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:

This submission is to report the annular fill work done in 2004.

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 ?	
Attachment Checklist			
401469684	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)