

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:
401435232

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 69175 Contact Name: Ally Ota

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 05-123-42826-00 County: WELD

Well Name: Dunn Well Number: 7Q-241

Location: QtrQtr: SWSW Section: 7 Township: 5N Range: 64W Meridian: 6

Footage at surface: Distance: 705 feet Direction: FSL Distance: 980 feet Direction: FWL

As Drilled Latitude: 40.408302 As Drilled Longitude: -104.598278

GPS Data:
Date of Measurement: 03/06/2017 PDOP Reading: 1.3 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 545 feet. Direction: FSL Dist.: 2257 feet. Direction: FWL
Sec: 7 Twp: 5N Rng: 64W

** If directional footage at Bottom Hole Dist.: 200 feet. Direction: FNL Dist.: 2240 feet. Direction: FWL
Sec: 7 Twp: 5N Rng: 64W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/25/2017 Date TD: 02/01/2017 Date Casing Set or D&A: 02/03/2017

Rig Release Date: 02/22/2017 Per Rule 308A.b.

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

Total Depth MD 16925 TVD** 6724 Plug Back Total Depth MD 16892 TVD** 6724

Elevations GR 4625 KB 4648 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD, (DIL in 123-13053)

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 | 1,630 | 750 | 0 | 1,630 | VISU |
| 1ST | 8+1/2 | 5+1/2 | 20 | 0 | 16,905 | 2,457 | 0 | 16,925 | VISU |

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 | 3,717 | | | | |
| SUSSEX | 4,377 | | | | |
| SHANNON | 5,084 | | | | |
| SHARON SPRINGS | 6,700 | | | | |
| NIOBRARA | 6,869 | | | | |

Comment:

Open hole logging exception, no open hole logs were run on this pad; cased hole neutron was run on Dunn 7L-341 (123-42832)

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Cassie Gonzalez

Title: Regulatory Contractor

Date: _____

Email: cassie.gonzalez@pdce.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 401472110 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 401435269 | 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 | | | |
| 401435262 | PDF-CBL 1ST RUN | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401435266 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401435271 | WELLBORE DIAGRAM | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401435275 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401472072 | LAS-CBL 1ST RUN | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401476673 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401476683 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401476684 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401476685 | PDF-MWD/LWD | 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)