

FORM  
5Rev  
09/14

## State 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:

401494599

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 05-123-21778-00

County: WELD

Well Name: FRENCH

Well Number: 41-4

Location: QtrQtr: NENE Section: 4 Township: 5N Range: 64W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FNL Distance: 760 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) 02/17/2004 Date TD: Date Casing Set or D&amp;A:

Rig Release Date: 02/24/2004 Per Rule 308A.b.

## Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 7065 TVD\*\* Plug Back Total Depth MD 7004 TVD\*\*

Elevations GR 4622 KB 4634 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	368	320	0	368	
1ST	7+7/8	4+1/2	11.6	0	7,036	545	550	7,036	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/30/2017

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	551	146	0	551

Details of work:

Producing Formation (Perforations): Niobrara: 6544'-6674' Codell: 6786'-6802'  
 TD: 7065' PBTD: 7004'  
 Surface Casing: 8 5/8" 24# @ 368' w/ 320 sxs  
 Production Casing: 4 1/2" 11.6# @ 7036' w/ 545 sxs cmt (TOC @ 550' - CBL).

Tubing: 2 3/8" tubing set @ 6500' (8/31/2004).

Procedure:

1. MIRU pulling unit. Pull 2 3/8" tubing.
2. ND WH. Spear 4 1/2" production casing to remove out of slips. Unland casing pulling 120K.
3. TIH w/ 1 1/4" 3.02# CS Hydril stick pipe to 551' in production casing annular space. Mix and pump 146 sxs cmt to Surface. Pull 1 1/4" tubing.
4. Set slips and NU WH. TIH w/ tubing.
5. RDMO WO rig. Return well to production.

## 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>					
401494607	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>					
401494605	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401494608	OPERATIONS SUMMARY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)