

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:

401517109

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: Ally Ota

Name of Operator: PDC ENERGY INC

Phone: (303) 860-5800

Address: 1775 SHERMAN STREET - STE 3000

Fax: (303) 860-5838

City: DENVER State: CO Zip: 80203

API Number 05-123-44893-00

County: WELD

Well Name: Snowmass

Well Number: 1C

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

Footage at surface: Distance: 88 feet Direction: FNL Distance: 1832 feet Direction: FEL

As Drilled Latitude: 40.435041 As Drilled Longitude: -104.571366

GPS Data:

Date of Measurement: 10/20/2017 PDOP Reading: 1.3 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 175 feet. Direction: FNL Dist.: 2449 feet. Direction: FEL

Sec: 5 Twp: 5N Rng: 64W

** If directional footage at Bottom Hole Dist.: 174 feet. Direction: FNL Dist.: 1 feet. Direction: FEL

Sec: 4 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) 10/03/2017 Date TD: 10/08/2017 Date Casing Set or D&A: 10/12/2017

Rig Release Date: 10/12/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 14808 TVD** 6822 Plug Back Total Depth MD 14791 TVD** 6822

Elevations GR 4631 KB 4654 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MWD, Cased hole neutron

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	1,664	780	0	1,664	VISU
1ST	8+1/2	5+1/2	20	0	14,807	2,180	0	14,807	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	3,653				
SUSSEX	4,428				
SHANNON	5,037				
SHARON SPRINGS	6,560				
NIOBRARA	6,724				
FORT HAYS	7,228				
CODELL	7,313				
CARLILE	8,672				

Comment:

Open Hole Logging Exception, no open hole logs were run on this pad; Cased hole neutron run on this well.
This well is currently being completed. Top of Productive Zone footage is estimated based on top perf from frac design.

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

Signed: _____

Print Name: Ally Ota

Title: Regulatory Tech

Date: _____

Email: alexandria.ota@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401517241	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401517242	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"/>
<u>Other Attachments</u>		
401517207	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401517209	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401517215	LAS-NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401517217	PDF-NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401517220	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401517221	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401517222	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401517223	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401517224	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401517245	DIRECTIONAL DATA	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)