

FORM
5
Rev
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:
401527291

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) 831-3988
 City: DENVER State: CO Zip: 80203

API Number 05-123-37130-00 County: WELD
 Well Name: Tateyama Well Number: 15U-434
 Location: QtrQtr: NENE Section: 15 Township: 7N Range: 65W Meridian: 6
 Footage at surface: Distance: 242 feet Direction: FNL Distance: 329 feet Direction: FEL
 As Drilled Latitude: 40.580330 As Drilled Longitude: -104.640580

GPS Data:
 Date of Measurement: 01/16/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: Holly Tracy

** If directional footage at Top of Prod. Zone Dist.: 552 feet. Direction: FNL Dist.: 840 feet. Direction: FEL
 Sec: 15 Twp: 7N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 509 feet. Direction: FNL Dist.: 502 feet. Direction: FWL
 Sec: 15 Twp: 7N Rng: 65W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 08/27/2013 Date TD: 09/07/2013 Date Casing Set or D&A: 09/02/2013
 Rig Release Date: 09/08/2013 Per Rule 308A.b.

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

Total Depth MD 11625 TVD** 7263 Plug Back Total Depth MD 11618 TVD** 7263

Elevations GR 4857 KB 4872 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD

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	13+3/4	9+5/8	36	0	933	840	0	933	VISU
1ST	8+3/4	7	26	0	7,629	640	0	7,852	VISU
1ST LINER	6+1/8	4+1/2	13.50	7640	11,622				

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	3,846				
SUSSEX	4,546				
SHANNON	5,156				
SHARON SPRINGS	6,916				
NIOBRARA	6,966				
FORT HAYS	7,665				
CODELL	8,647				

Comment:

No open hole logs were run on this pad. APD was approved with no logging BMP's or exceptions.

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			
401528951	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401528345	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			
401528304	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401528305	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401528307	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401528322	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401528324	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401528326	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401528330	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401528331	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401528346	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401528347	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)