

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:
401596810

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 05-123-44679-00 County: WELD
 Well Name: Josephine Well Number: 19M-234
 Location: QtrQtr: SWNE Section: 19 Township: 5N Range: 64W Meridian: 6
 Footage at surface: Distance: 1714 feet Direction: FNL Distance: 2215 feet Direction: FEL
 As Drilled Latitude: 40.387170 As Drilled Longitude: -104.591280

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.: 275 feet. Direction: FNL Dist.: 1679 feet. Direction: FEL
 Sec: 19 Twp: 5N Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 280 feet. Direction: FNL Dist.: 2470 feet. Direction: FEL
 Sec: 24 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) 07/03/2017 Date TD: 07/08/2017 Date Casing Set or D&A: 07/10/2017
 Rig Release Date: 09/05/2017 Per Rule 308A.b.

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

Total Depth MD 13078 TVD** 6795 Plug Back Total Depth MD 13052 TVD** 6795
 Elevations GR 4626 KB 4649 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD, (DIL in 123-24774 & 123-23345)

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	1,674	820	0	1,674	VISU
1ST	8+1/2	5+1/2	20	0	13,065	2,295	880	13,065	CBL

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	3,695				
SUSSEX	4,236				
SHANNON	5,167				
SHARON SPRINGS	6,712				
NIOBRARA	6,871				

Comment:

Open hole logging exception; No open hole logs were run. Cased hole neutron run on Josephine 19M-404 (05-123-44674). Top of Productive Zone footage estimated based on 60 degree landing point footages. This well has not yet been completed. Anticipated date of completion 2nd Quarter 2018.

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			
401596856	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401596867	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			
401596840	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401596842	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401596845	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401596862	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401645452	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401645454	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401645456	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401645459	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401646057	WELLBORE DIAGRAM	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)