

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



DE ET OE ES

Document Number:

401599224

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 05-123-44681-00

County: WELD

Well Name: Josephine

Well Number: 19O-204

Location: QtrQtr: SWNE Section: 19 Township: 5N Range: 64W Meridian: 6

Footage at surface: Distance: 1849 feet Direction: FNL Distance: 2215 feet Direction: FEL

As Drilled Latitude: 40.386800 As Drilled Longitude: -104.591270

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.: 2681 feet. Direction: FNL Dist.: 1627 feet. Direction: FEL

Sec: 19 Twp: 5N Rng: 64W

** If directional footage at Bottom Hole Dist.: 2601 feet. Direction: FNL Dist.: 2451 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) 08/29/2017 Date TD: 09/02/2017 Date Casing Set or D&A: 09/04/2017

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 12904 TVD** 6729 Plug Back Total Depth MD 12886 TVD** 6729

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	1,649	760	0	1,649	VISU
1ST	8+1/2	5+1/2	20	0	12,902	2,072	510	12,902	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	3,663				
SUSSEX	4,132				
SHANNON	5,074				
SHARON SPRINGS	6,702				
NIOBRARA	6,948				

Comment:

Open hole logging exception; No open hole logs were run. Cased hole neutron run on Josephine 19M-404 (API: 05-123-44674). Top of Productive Zone footage is 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 ?
<u>Attachment Checklist</u>		
401599269	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401599273	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>		
401599260	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401599261	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401599262	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401599263	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401599264	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401599265	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401599266	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401599274	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401645622	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)