

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



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

400973796

Date Received:

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 [X] 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 05-123-40559-00 County: WELD
Well Name: Wiedeman Well Number: 28E-432
Location: QtrQtr: NWNW Section: 28 Township: 4N Range: 66W Meridian: 6
Footage at surface: Distance: 948 feet Direction: FNL Distance: 540 feet Direction: FWL
As Drilled Latitude: 40.287250 As Drilled Longitude: -104.789970

GPS Data:
Date of Measurement: 12/01/2015 PDOP Reading: 1.6 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 354 feet. Direction: FNL Dist.: 857 feet. Direction: FWL
Sec: 28 Twp: 4N Rng: 66W

** If directional footage at Bottom Hole Dist.: 366 feet. Direction: FNL Dist.: 501 feet. Direction: FEL
Sec: 28 Twp: 4N Rng: 66W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/30/2015 Date TD: 10/20/2015 Date Casing Set or D&A: 10/21/2015

Rig Release Date: 11/27/2015 Per Rule 308A.b.

Well Classification:

[] Dry [X] Oil [] Gas/Coalbed [] Disposal [] Stratigraphic [] Enhanced Recovery [] Storage [] Observation

Total Depth MD 11669 TVD** 7249 Plug Back Total Depth MD 11641 TVD** 7249

Elevations GR 4762 KB 4775 Digital Copies of ALL Logs must be Attached per Rule 308A [X]

List Electric Logs Run:

CBL, MWD (DIL in 123-12713, 123-24163 and 123-13920)

CASING, LINER AND CEMENT

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF, 1ST, and 1ST LINER.

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	3,727				
SUSSEX	4,213				
SHANNON	4,835				
SHARON SPRINGS	6,952				
NIOBRARA	7,037				
FORT HAYS	7,621				
CODELL	7,773				

Comment:

Open hole logging exception; No open hole logs were run on this pad.

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 Technician

Date: _____

Email: Cassie.Gonzalez@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401673443	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401673446	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			
401673414	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401673417	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401673425	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401673426	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401673427	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401673429	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401673448	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401673451	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401687290	PDF-CBL 1ST RUN	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)