

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:

400905382

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 05-123-41550-00

County: WELD

Well Name: Sappington

Well Number: 22T-341

Location: QtrQtr: SWSE Section: 22 Township: 5N Range: 64W Meridian: 6

Footage at surface: Distance: 853 feet Direction: FSL Distance: 1722 feet Direction: FEL

As Drilled Latitude: 40.379920 As Drilled Longitude: -104.532560

GPS Data:

Date of Measurement: 08/13/2015 PDOP Reading: 1.8 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 838 feet. Direction: FSL Dist.: 1741 feet. Direction: FEL

Sec: 22 Twp: 5N Rng: 64W

** If directional footage at Bottom Hole Dist.: 502 feet. Direction: FNL Dist.: 1751 feet. Direction: FEL

Sec: 22 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) 07/24/2015 Date TD: 07/29/2015 Date Casing Set or D&A: 07/30/2015

Rig Release Date: 08/05/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11116 TVD** 6625 Plug Back Total Depth MD 11089 TVD** 6625

Elevations GR 4601 KB 4614

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MWD (DIL in 123-24754)

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	931	490	0	931	VISU
1ST	8+3/4	7	26	0	7,173	770	0	7,173	CBL
1ST LINER	6+1/8	4+1/2	13.5	6036	11,112	355	6,036	11,112	CALC

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	3,446				
SUSSEX	4,129				
SHARON SPRINGS	6,440				
NIOBRARA	6,599				

Comment:

Shannon Top not present.
Open hole logging exception; No open hole logs were run. Cased hole neutron was run on Sappington 22T-221 (API: 05-123-41549).

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 ?
<u>Attachment Checklist</u>		
401728135	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401728134	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>		
401728123	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401728125	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401728127	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401728128	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401728130	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401728131	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401728132	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401728137	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401728142	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)