

**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.

Document Number:  
401806302

Date Received:

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 05-123-46695-00 County: WELD  
 Well Name: J Clark Well Number: 13N  
 Location: QtrQtr: NWNE Section: 14 Township: 5N Range: 65W Meridian: 6  
 Footage at surface: Distance: 550 feet Direction: FNL Distance: 1994 feet Direction: FEL  
 As Drilled Latitude: 40.405160 As Drilled Longitude: -104.628240

GPS Data:  
 Date of Measurement: 09/10/2018 PDOP Reading: 1.9 GPS Instrument Operator's Name: Devin Arnold

\*\* If directional footage at Top of Prod. Zone Dist.: 50 feet. Direction: FSL Dist.: 1900 feet. Direction: FEL  
 Sec: 11 Twp: 5N Rng: 65W  
 \*\* If directional footage at Bottom Hole Dist.: 500 feet. Direction: FNL Dist.: 1918 feet. Direction: FEL  
 Sec: 11 Twp: 5N Rng: 65W

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

Spud Date: (when the 1st bit hit the dirt) 06/30/2018 Date TD: 07/03/2018 Date Casing Set or D&A: 07/04/2018  
 Rig Release Date: 09/01/2018 Per Rule 308A.b.

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

Total Depth MD 12074 TVD\*\* 6840 Plug Back Total Depth MD 12054 TVD\*\* 6840  
 Elevations GR 4615 KB 4638 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, MWD (DIL in 123-12759)

**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	1,670	780	0	1,670	VISU
1ST	8+1/2	5+1/2	20	0	12,068	1,480	1,645	12,068	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	3,563				
SUSSEX	4,252				
SHANNON	4,923				
SHARON SPRINGS	6,619				
NIOBRARA	6,686				

Comment:

This well has not yet been completed. Estimated date of completion is 4th Quarter 2018.  
Top of Productive Zone footage is based on approved APD footage. Calculated TPZ will be provided on the Form 5A.  
Open hole logging exception; No open hole logs were run. Cased hole neutron run on J Clark 1C (API: 05-123-46688).

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 ?	
<b>Attachment Checklist</b>			
401806356	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401806359	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"/>
<b>Other Attachments</b>			
401806343	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401806344	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401806346	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401806347	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401806350	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401806351	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401806352	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401806361	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)

