

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:
401807158

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 05-123-46697-00 County: WELD

Well Name: J Clark Well Number: 9C

Location: QtrQtr: NWNE Section: 14 Township: 5N Range: 65W Meridian: 6

Footage at surface: Distance: 550 feet Direction: FNL Distance: 2054 feet Direction: FEL

As Drilled Latitude: 40.405170 As Drilled Longitude: -104.628460

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.: 2300 feet. Direction: FWL
Sec: 11 Twp: 5N Rng: 65W

** If directional footage at Bottom Hole Dist.: 500 feet. Direction: FNL Dist.: 2306 feet. Direction: FWL
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) 07/18/2018 Date TD: 07/22/2018 Date Casing Set or D&A: 07/24/2018

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 12226 TVD** 6917 Plug Back Total Depth MD 12203 TVD** 6918

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	1,677	780	0	1,677	VISU
1ST	8+1/2	5+1/2	20	0	12,219	1,598	1,815	12,219	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	3,586				
SUSSEX	4,271				
SHANNON	4,973				
SHARON SPRINGS	6,681				
NIOBRARA	6,733				
FORT HAYS	7,229				
CODELL	7,439				
CARLILE	10,168				

Comment:

This well had 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 ?	
Attachment Checklist			
401807210	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401807214	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			
401807184	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401807187	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401807202	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401807203	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401807204	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401807206	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401807207	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401807215	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)

