

FORM  
5Rev  
09/14State 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:

401808205

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 05-123-46687-00

County: WELD

Well Name: J Clark

Well Number: 4N

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

Footage at surface: Distance: 550 feet Direction: FNL Distance: 2204 feet Direction: FEL

As Drilled Latitude: 40.405170 As Drilled Longitude: -104.629000

## 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.: 1120 feet. Direction: FWL

Sec: 11 Twp: 5N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 500 feet. Direction: FNL Dist.: 1045 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) 08/10/2018 Date TD: 08/13/2018 Date Casing Set or D&amp;A: 08/15/2018

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 12302 TVD\*\* 6750 Plug Back Total Depth MD 12282 TVD\*\* 6750

Elevations GR 4617 KB 4640

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	1,675	780	0	1,675	VISU
1ST	8+1/2	5+1/2	20	0	12,297	1,623	1,680	12,297	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	3,699				
SUSSEX	4,459				
SHANNON	5,142				
SHARON SPRINGS	6,989				
NIOBRARA	7,089				

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 ?	
<u>Attachment Checklist</u>			
401808322	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401808326	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>			
401808305	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401808306	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401808312	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401808313	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401808314	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401808315	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401808316	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401808327	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)

