

**DRILLING COMPLETION REPORT**

Document Number:  
400869742

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  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 05-123-38830-00 County: WELD  
 Well Name: Bernhardt Farms Well Number: 13W-403  
 Location: QtrQtr: NESE Section: 13 Township: 4N Range: 67W Meridian: 6  
 Footage at surface: Distance: 2663 feet Direction: FSL Distance: 640 feet Direction: FEL  
 As Drilled Latitude: 40.311770 As Drilled Longitude: -104.831990

GPS Data:  
 Date of Measurement: 06/24/2015 PDOP Reading: 2.3 GPS Instrument Operator's Name: Devin Arnold

\*\* If directional footage at Top of Prod. Zone Dist.: 1816 feet. Direction: FSL Dist.: 73 feet. Direction: FEL  
 Sec: 13 Twp: 4N Rng: 67W  
 \*\* If directional footage at Bottom Hole Dist.: 506 feet. Direction: FSL Dist.: 20 feet. Direction: FEL  
 Sec: 24 Twp: 4N Rng: 67W

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

Spud Date: (when the 1st bit hit the dirt) 03/30/2015 Date TD: 04/08/2015 Date Casing Set or D&A: 04/10/2015  
 Rig Release Date: 05/24/2015 Per Rule 308A.b.

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

Total Depth MD 14376 TVD\*\* 7245 Plug Back Total Depth MD 14348 TVD\*\* 7245  
 Elevations GR 4737 KB 4750 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
Open hole logs (Triple Combo), CBL and MWD

**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	13+1/2	9+5/8	36	0	932	780	0	932	VISU
1ST	8+3/4	7	35	0	7,746	850	0	7,756	CBL
1ST LINER	6+1/8	4+1/2	11.6	6634	14,372	690	6,634	14,376	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	3,667				
SUSSEX	4,160				
SHANNON	4,728				
SHARON SPRINGS	6,884				
NIOBRARA	6,956				
FORT HAYS	7,557				
CODELL	7,860				

Comment:

MWD not run in vertical section of wellbore.  
Open hole logs (Triple Combo) run on this well.

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>			
401711369	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401711370	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>			
401711368	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401711372	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401773015	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401773016	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401797161	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401797162	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401797163	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401797165	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401797166	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401840004	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401840005	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)

