

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:

400734855

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 05-123-40070-00

County: WELD

Well Name: Chesnut

Well Number: 27K-203

Location: QtrQtr: SWNW Section: 27 Township: 5N Range: 64W Meridian: 6

Footage at surface: Distance: 2295 feet Direction: FNL Distance: 436 feet Direction: FWL

As Drilled Latitude: 40.371178 As Drilled Longitude: -104.543605

## GPS Data:

Date of Measurement: 01/19/2015 PDOP Reading: 2.2 GPS Instrument Operator's Name: Devin Arnold

\*\* If directional footage at Top of Prod. Zone Dist.: 1898 feet. Direction: FSL Dist.: 1124 feet. Direction: FWL

Sec: 27 Twp: 5N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 504 feet. Direction: FSL Dist.: 1137 feet. Direction: FWL

Sec: 34 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) 11/05/2014 Date TD: 11/15/2014 Date Casing Set or D&amp;A: 11/17/2014

Rig Release Date: 11/18/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 13900 TVD\*\* 6579 Plug Back Total Depth MD 13892 TVD\*\* 6579

Elevations GR 4619 KB 4634

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

## List Electric Logs Run:

CBL, MWD (DIL in 123-25594)

## 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+3/4	9+5/8	36	0	936	840	0	936	VISU
1ST	8+3/4	7	26	0	7,169	625	0	7,169	CBL
1ST LINER	6+1/8	4+1/2	13.5	6949	13,896				

## 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	3,499				
SUSSEX	4,172				
SHARON SPRINGS	6,432				
NIOBRARA	6,608				

Comment:

Shannon formation not present.  
Open Hole Logging Exception based on DIL in White 5 (05-123-25594), no open hole logs were run on this pad.  
TOC at 0' as the CBL was run short, however, there were returns to surface.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Cassie GonzalezTitle: Regulatory Technician

Date: \_\_\_\_\_

Email: cassie.gonzalez@pdce.com

## Attachment Check List

Att Doc Num	Document Name	attached ?
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### Attachment Checklist

401841052	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401841051	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

401841075	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401886210	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401886212	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401886213	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401886214	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)

