

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:

400819907

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) 8605800

Address: 1775 SHERMAN STREET - STE 3000

Fax:

City: DENVER

State: CO

Zip: 80203

API Number 05-123-36601-00

County: WELD

Well Name: Dillard

Well Number: 20T-401

Location: QtrQtr: SESE Section: 20 Township: 7N Range: 64W Meridian: 6

Footage at surface: Distance: 381 feet Direction: FSL Distance: 621 feet Direction: FEL

As Drilled Latitude: 40.552133 As Drilled Longitude: -104.566340

GPS Data:

Date of Measurement: 11/12/2018 PDOP Reading: 1.7 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 680 feet. Direction: FSL Dist.: 1195 feet. Direction: FEL

Sec: 20 Twp: 7N Rng: 64W

** If directional footage at Bottom Hole Dist.: 546 feet. Direction: FNL Dist.: 1154 feet. Direction: FEL

Sec: 20 Twp: 7N Rng: 64W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/14/2013 Date TD: 10/27/2013 Date Casing Set or D&A: 10/28/2013

Rig Release Date: 11/26/2013 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11650 TVD** 7098 Plug Back Total Depth MD 11642 TVD** 7098

Elevations GR 4865 KB 4880

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

List Electric Logs Run:

CBL, MWD (DIL in 123-23079)

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	938	840	0	938	VISU
1ST	8+3/4	7	26	0	7,530	610	170	7,530	CALC
1ST LINER	6+1/8	4+1/2	13.5	7364	11,646				

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	3,839				
SUSSEX	4,597				
SHARON SPRINGS	6,802				
NIOBRARA	6,923				
FORT HAYS	7,363				
CODELL	7,643				
CARLILE	9,969				

Comment:

No open hole logs were run on this pad. APD was approved in 2013 with no logging BMPs or exceptions.
MWD not run in vertical portion of wellbore.
Shannon formation not present.
TOC at 170' as calculated. The CBL was run short, with no 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: Ally Ota

Title: Regulatory Tech

Date: _____

Email: alexandria.ota@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401836622	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401854527	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>			
401836606	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401836607	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401836609	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401836611	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401854943	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)

