

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:
400563268

Date Received:

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: (303) 8605838

City: DENVER State: CO Zip: 80203

API Number 05-123-36600-00 County: WELD

Well Name: Dillard Well Number: 20Y-401

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

Footage at surface: Distance: 380 feet Direction: FSL Distance: 561 feet Direction: FEL

As Drilled Latitude: 40.552130 As Drilled Longitude: -104.566132

GPS Data:
Date of Measurement: 11/12/2018 PDOP Reading: 2.2 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 859 feet. Direction: FSL Dist.: 222 feet. Direction: FEL
Sec: 20 Twp: 7N Rng: 64W

** If directional footage at Bottom Hole Dist.: 503 feet. Direction: FNL Dist.: 124 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) 11/12/2013 Date TD: 11/23/2013 Date Casing Set or D&A: 11/24/2013

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 11565 TVD** 7076 Plug Back Total Depth MD 11557 TVD** 7076

Elevations GR 4864 KB 4879 **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	926	830	0	926	VISU
1ST	8+3/4	7	26	0	7,554	610	0	7,554	VISU
1ST LINER	6+1/8	4+1/2	13.5	7440	11,561				

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	
SUSSEX	4,580				
SHARON SPRINGS	6,760				
PARKMAN	6,810				
NIOBRARA	6,924				
FORT HAYS	7,480				
CODELL	8,850				

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 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: Ally Ota _____

Title: Regulatory Tech _____ Date: _____ Email: alexandria.ota@pdce.com _____

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401836469	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401854544	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			
400586989	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401836449	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401836450	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401836452	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401836453	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401836455	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)

