

**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:  
401898908

Date Received:

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: 69175 Contact Name: Ally Ota  
 Name of Operator: PDC ENERGY INC Phone: (303) 860-580  
 Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 831-3988  
 City: DENVER State: CO Zip: 80203

API Number 05-123-45074-00 County: WELD  
 Well Name: Bath-Schmier Well Number: 4N  
 Location: QtrQtr: NWSW Section: 32 Township: 5N Range: 64W Meridian: 6  
 Footage at surface: Distance: 1338 feet Direction: FSL Distance: 478 feet Direction: FWL  
 As Drilled Latitude: 40.352150 As Drilled Longitude: -104.581370

GPS Data:  
 Date of Measurement: 12/07/2018 PDOP Reading: 1.1 GPS Instrument Operator's Name: Devin Arnold

\*\* If directional footage at Top of Prod. Zone Dist.: 1881 feet. Direction: FSL Dist.: 732 feet. Direction: FWL  
 Sec: 32 Twp: 5N Rng: 64W  
 \*\* If directional footage at Bottom Hole Dist.: 1884 feet. Direction: FSL Dist.: 150 feet. Direction: FEL  
 Sec: 33 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) 09/29/2018 Date TD: 10/03/2018 Date Casing Set or D&A: 10/05/2018  
 Rig Release Date: 11/24/2018 Per Rule 308A.b.

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

Total Depth MD 17120 TVD\*\* 6834 Plug Back Total Depth MD 17096 TVD\*\* 6834  
 Elevations GR 4782 KB 4805 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, MWD (DIL in 123-29039)

**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	1,673	770	0	1,673	VISU
1ST	8+1/2	5+1/2	20	0	17,111	2,105	360	17,111	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	3,731				
SUSSEX	4,408				
SHANNON	5,049				
SHARON SPRINGS	6,765				
NIOBRARA	6,846				

Comment:

This well has not yet been completed. Anticipated date of completion is 3rd Quarter 2019.  
Top of Productive Zone Footage is based on approved APD footages. Calculated TPZ will be provided on the Form 5A.  
Open hole logging exception, no open hole logs were run; Cased hole neutron run on Bath-Schmier 1C (API: 05-123-45072).

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>			
401899060	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401899062	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>			
401898990	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401898991	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401899000	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401899002	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401899012	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401899014	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401899016	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401899065	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)

