

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:
400726402

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 69175 Contact Name: Ally Ota
 Name of Operator: PDC ENERGY INC Phone: (303) 860-5800
 Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 831-3988
 City: DENVER State: CO Zip: 80203

API Number 05-123-38271-00 County: WELD
 Well Name: Guttersen Well Number: 6M-423
 Location: QtrQtr: NWNE Section: 6 Township: 2N Range: 63W Meridian: 6
 Footage at surface: Distance: 75 feet Direction: FNL Distance: 2164 feet Direction: FEL
 As Drilled Latitude: 40.174462 As Drilled Longitude: -104.478682

GPS Data:
 Date of Measurement: 09/25/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 784 feet. Direction: FNL Dist.: 2121 feet. Direction: FEL
 Sec: 6 Twp: 2N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 502 feet. Direction: FSL Dist.: 2100 feet. Direction: FEL
 Sec: 6 Twp: 2N Rng: 63W

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

Spud Date: (when the 1st bit hit the dirt) 07/08/2014 Date TD: 07/15/2014 Date Casing Set or D&A: 07/19/2014
 Rig Release Date: 08/10/2014 Per Rule 308A.b.

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

Total Depth MD 11193 TVD** 6834 Plug Back Total Depth MD 11185 TVD** 6834
 Elevations GR 4823 KB 4836 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, 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	888	740	0	888	VISU
1ST	8+3/4	7	26	0	7,186	632	0	7,186	CBL
1ST LINER	6+1/8	4+1/2	13.5	7026	11,189				

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	3,670				
SUSSEX	4,123				
SHARON SPRINGS	6,328				
NIOBRARA	6,520				
FORT HAYS	7,232				
CODELL	7,901				
CARLILE	9,809				

Comment:

Shannon formation not present.
No open hole logs were run on this pad. APD was approved in 2013 with no logging BMPs or exceptions.

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 ?	
Attachment Checklist			
401918263	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401918262	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			
401918165	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401918183	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401918266	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401968074	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401968091	LAS-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>
Permit	Returned to draft for AOC settlement.	09/13/2016

Total: 1 comment(s)

