

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:
401958220

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 05-123-45455-00 County: WELD

Well Name: Thistle Down Well Number: 31i-212

Location: QtrQtr: NESW Section: 31 Township: 5N Range: 64W Meridian: 6

Footage at surface: Distance: 1399 feet Direction: FSL Distance: 1357 feet Direction: FWL

As Drilled Latitude: 40.352270 As Drilled Longitude: -104.597170

GPS Data:
Date of Measurement: 01/30/2019 PDOP Reading: 1.5 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 450 feet. Direction: FSL Dist.: 735 feet. Direction: FWL
Sec: 31 Twp: 5N Rng: 64W

** If directional footage at Bottom Hole Dist.: 445 feet. Direction: FSL Dist.: 236 feet. Direction: FWL
Sec: 32 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) 12/02/2018 Date TD: 12/05/2018 Date Casing Set or D&A: 12/06/2018

Rig Release Date: 01/16/2019 Per Rule 308A.b.

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

Total Depth MD 12355 TVD** 6851 Plug Back Total Depth MD 12339 TVD** 6851

Elevations GR 4803 KB 4826 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD (DIL in 123-22099)

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	1,672	770	0	1,672	VISU
1ST	9+1/2	5+1/2	20	0	12,354	1,505	3,225	12,354	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	3,873				
SUSSEX	4,547				
SHANNON	5,240				
SHARON SPRINGS	6,700				
NIOBRARA	6,859				

Comment:

This well has not yet been completed. Estimated date of completion is 3rd Quarter 2019.
Top of Productive Zone footage is based on approved APD footage. Actual TPZ will be provided on the Form 5A.
Depth on CBL PDF header is listed incorrectly at 7,100'. Log was actually run to 7,104' as shown within the log and LAS.
Open hole logging exception, no open hole logs were run on this well; Cased hole neutron run on Thistle Down 31G-402 (API: 05-123-45746).

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			
401958725	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401958728	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			
401958706	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401958707	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401958717	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401958718	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401958719	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401958720	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401958722	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401958729	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)

