

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:

401958933

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) 860-5800

Address: 1775 SHERMAN STREET - STE 3000

Fax: (303) 831-3988

City: DENVER State: CO Zip: 80203

API Number 05-123-45255-00

County: WELD

Well Name: Thistle Down

Well Number: 31H-232

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

Footage at surface: Distance: 1429 feet Direction: FSL Distance: 1357 feet Direction: FWL

As Drilled Latitude: 40.352360 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.: 1008 feet. Direction: FSL Dist.: 735 feet. Direction: FWL

Sec: 31 Twp: 5N Rng: 64W

** If directional footage at Bottom Hole Dist.: 1011 feet. Direction: FSL Dist.: 799 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) 12/11/2018 Date TD: 12/14/2018 Date Casing Set or D&A: 12/15/2018

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 12874 TVD** 6876 Plug Back Total Depth MD 12856 TVD** 6876

Elevations GR 4804 KB 4827

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 | 1,676 | 766 | 0 | 1,676 | VISU |
| 1ST | 8+1/2 | 5+1/2 | 20 | 0 | 12,870 | 1,495 | 2,000 | 12,870 | 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 | 3,776 | | | | |
| SUSSEX | 4,500 | | | | |
| SHANNON | 5,144 | | | | |
| SHARON SPRINGS | 6,967 | | | | |
| NIOBRARA | 7,058 | | | | |

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 7,101' 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 ? | |
|-----------------------------|-----------------------|-----------------------------------------|----------------------------------------|
| <u>Attachment Checklist</u> | | | |
| 401959506 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 401959509 | 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> | | | |
| 401959071 | PDF-CBL 1ST RUN | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401959084 | LAS-CBL 1ST RUN | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401959085 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401959086 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401959087 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401959088 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401959090 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401959511 | 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)

