

**FORM**  
**5**  
Rev  
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



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Document Number:  
401984999

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: Cassie Gonzalez  
 Name of Operator: PDC ENERGY INC Phone: (303) 860-5800  
 Address: 1775 SHERMAN STREET - STE 3000 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80203

API Number 05-123-45752-00 County: WELD  
 Well Name: Harold Well Number: 6Y-312  
 Location: QtrQtr: SESE Section: 6 Township: 4N Range: 64W Meridian: 6  
 Footage at surface: Distance: 592 feet Direction: FSL Distance: 439 feet Direction: FEL  
 As Drilled Latitude: 40.335710 As Drilled Longitude: -104.585490

GPS Data:  
 Date of Measurement: 02/25/2019 PDOP Reading: 2.0 GPS Instrument Operator's Name: Devin Arnold

\*\* If directional footage at Top of Prod. Zone Dist.: 450 feet. Direction: FSL Dist.: 153 feet. Direction: FWL  
 Sec: 5 Twp: 4N Rng: 64W  
 \*\* If directional footage at Bottom Hole Dist.: 436 feet. Direction: FSL Dist.: 102 feet. Direction: FEL  
 Sec: 4 Twp: 4N Rng: 64W

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

Spud Date: (when the 1st bit hit the dirt) 12/23/2018 Date TD: 12/30/2018 Date Casing Set or D&A: 01/01/2019  
 Rig Release Date: 02/08/2019 Per Rule 308A.b.

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

Total Depth MD 17675 TVD\*\* 6896 Plug Back Total Depth MD 17659 TVD\*\* 6896

Elevations GR 4788 KB 4811 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, MWD (DIL in 123-17448)

**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	1,632	760	0	1,632	VISU
1ST	8+1/2	5+1/2	20	0	17,674	2,800	2,640	17,674	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	3,964				
SUSSEX	4,348				
SHANNON	5,003				
SHARON SPRINGS	6,764				
NIOBRARA	6,833				

Comment:

This well has not yet been completed. Anticipated date of completion is 4th Quarter 2019.  
Top of Productive Zone footage is based on approved APD footage. Actual TPZ will be provided on the Form 5A.  
Spud date is correct.  
Depth on CBL header is listed incorrectly at 7,000'. Log was actually run to 7,002' as shown within the log and LAS.

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>			
401985152	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401985154	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>			
401985140	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401985141	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401985142	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401985144	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401985146	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401985156	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401985739	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401985741	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)

