

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:
401988653

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: (303) 831-3988
 City: DENVER State: CO Zip: 80203

API Number 05-123-45748-00 County: WELD
 Well Name: Harold Well Number: 6Y-304
 Location: QtrQtr: SESE Section: 6 Township: 4N Range: 64W Meridian: 6
 Footage at surface: Distance: 487 feet Direction: FSL Distance: 436 feet Direction: FEL
 As Drilled Latitude: 40.335420 As Drilled Longitude: -104.585490

GPS Data:
 Date of Measurement: 02/25/2019 PDOP Reading: 2.2 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 158 feet. Direction: FSL Dist.: 154 feet. Direction: FEL
 Sec: 6 Twp: 4N Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 164 feet. Direction: FSL Dist.: 503 feet. Direction: FWL
 Sec: 6 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) 02/03/2019 Date TD: 02/07/2019 Date Casing Set or D&A: 02/08/2019
 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 11852 TVD** 6905 Plug Back Total Depth MD 11832 TVD** 6906

Elevations GR 4787 KB 4810 **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	2,556	1,180	0	2,556	VISU
1ST	8+1/2	5+1/2	20	0	11,847	2,235	40	11,847	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	3,796				
SUSSEX	4,441				
SHANNON	5,114				
SHARON SPRINGS	6,810				
NIOBRARA	6,887				

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.
Open hole logging exception, no open hole logs were run on this well; Cased hole neutron run on Harold 6X-202 (API: 05-123-45747).

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			
401992028	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401992030	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			
401991983	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401991984	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401992001	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401992003	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401992004	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401992006	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401992008	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401992034	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)

