

FORM  
5Rev  
09/14State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402002518

Date Received:

04/10/2019

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 69175

Contact Name: Jenifer Hakkarinen

Name of Operator: PDC ENERGY INC

Phone: (303) 8605800

Address: 1775 SHERMAN STREET - STE 3000

Fax:

City: DENVER State: CO Zip: 80203

API Number 05-123-20283-00

County: WELD

Well Name: HICKS

Well Number: 41-29

Location: QtrQtr: NENE Section: 29 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 659 feet Direction: FNL Distance: 616 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage at Top of Prod. Zone Dist.: feet Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/27/2001 Date TD: 05/30/2001 Date Casing Set or D&amp;A: 05/30/2001

Rig Release Date: 05/30/2001 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 7510 TVD\*\* Plug Back Total Depth MD 7510 TVD\*\*

Elevations GR 4950 KB 4962 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

## 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	8+5/8	24	0	392	275	0	392	VISU
1ST	7+7/8	4+1/2	10.5	0	7,483	140	6,445	7,483	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/01/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	6,408	1,150	0	6,408

## Details of work:

1st stage:EOT set @ 6,408.38' w/206 jts,mix, batch, and pump 350 sks (reciprocate pipe) 50/50 Pos 13.5 ppg 1.71 yield (106 bbls) Displace 1.5 Bbls Est. TOC @ 4,595.04', lay down 55 jts.  
 2nd stage:EOT set @ 4,690.37' w151 jts, mix,batch and pump 350 sks (reciprocate pipe) of 50/50 Pos 13.5 ppg 1.71 yield (106 bbls) displace 1.0 bbls, Est. TOC @ 2,788.70', lay down 54 jts.  
 3rd stage:EOT set @3,013.08' w/97 jts, mix,batch and pump 450 sks (reciprocate pipe) of 50/50 Pos (171 bbls), returned 8 bbls cement to tank, Displace 1.0 Bbls, RD and release Baker, TOO H laying down remaining 97 jts 1 1/4" work string.

**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	

## Operator Comments

This form 5 is being submitted prior to P&A to update records

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Jenifer Hakkarinen

Title: REg TEch Date: 4/10/2019 Email: JEnifer.Hakkarinen@pdce.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
402002518	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402002548	CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Engineer	No sundry on file authorizing this repair.	04/10/2019

Total: 1 comment(s)

