

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:
402106633

Date Received:

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 05-123-45878-00 County: WELD

Well Name: Jagged Well Number: 1N

Location: QtrQtr: NESW Section: 8 Township: 4N Range: 64W Meridian: 6

Footage at surface: Distance: 2166 feet Direction: FSL Distance: 2395 feet Direction: FWL

As Drilled Latitude: 40.325600 As Drilled Longitude: -104.575410

GPS Data:
Date of Measurement: 06/07/2019 PDOP Reading: 1.5 GPS Instrument Operator's Name: Cassie Gonzalez

** If directional footage at Top of Prod. Zone Dist.: 2365 feet. Direction: FNL Dist.: 1909 feet. Direction: FWL

Sec: 8 Twp: 4N Rng: 64W

** If directional footage at Bottom Hole Dist.: 2388 feet. Direction: FNL Dist.: 151 feet. Direction: FWL

Sec: 7 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) 03/25/2019 Date TD: 03/31/2019 Date Casing Set or D&A: 04/01/2019

Rig Release Date: 05/22/2019 Per Rule 308A.b.

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

Total Depth MD 14207 TVD** 6903 Plug Back Total Depth MD 14189 TVD** 6903

Elevations GR 4772 KB 4795 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD, Cased Hole Neutron (DIL in 123-20445)

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	1,674	780	0	1,674	VISU
1ST	8+1/2	5+1/2	20	0	14,203	2,140	2,250	14,203	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	3,732				
SUSSEX	4,362				
SHANNON	4,982				
SHARON SPRINGS	6,704				
NIOBRARA	6,783				

Comment:

Spud date is correct on Form 5 and incorrect on COGCC's website.
This well has not yet been completed. Anticipated date of completion is 2nd Quarter 2020.
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; Cased hole neutron run on this well.
TOC comments from our Engineer: 5.5" TOC, 14.0 lead with lower amps and VDL indicating bonding.

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			
402106719	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402106721	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			
402106707	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402106708	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402106709	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402106710	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402106712	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402106713	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402106714	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402106715	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402106722	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)

