

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:

402117049

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 05-123-47814-00

County: WELD

Well Name: Popham

Well Number: 12N

Location: QtrQtr: SESW Section: 3 Township: 4N Range: 64W Meridian: 6

Footage at surface: Distance: 1044 feet Direction: FSL Distance: 2356 feet Direction: FWL

As Drilled Latitude: 40.336990 As Drilled Longitude: -104.537510

GPS Data:

Date of Measurement: 06/17/2019 PDOP Reading: 1.6 GPS Instrument Operator's Name: Tyler Blessing

** If directional footage at Top of Prod. Zone Dist.: 737 feet. Direction: FSL Dist.: 2260 feet. Direction: FEL

Sec: 3 Twp: 4N Rng: 64W

** If directional footage at Bottom Hole Dist.: 368 feet. Direction: FSL Dist.: 2470 feet. Direction: FEL

Sec: 34 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) 02/18/2019 Date TD: 02/22/2019 Date Casing Set or D&A: 02/23/2019

Rig Release Date: 05/31/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 12127 TVD** 6624 Plug Back Total Depth MD 12106 TVD** 6625

Elevations GR 4662 KB 4685 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MWD (DIL in 123-25419)

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 | 12,121 | 1,755 | 2,740 | 12,121 | 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 | 3,526 | | | | |
| SUSSEX | 4,300 | | | | |
| SHANNON | 5,042 | | | | |
| SHARON SPRINGS | 6,565 | | | | |
| NIOBRARA | 6,645 | | | | |

Comment:

Spud date is correct on Form 5 and incorrect at 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 Popham 20N (API: 05-123-47813).
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 ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 402117146 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 402117148 | 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> | | | | | |
| 402117113 | LAS-CBL 1ST RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402117114 | PDF-CBL 1ST RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402117116 | LAS-MWD/LWD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402117123 | PDF-MWD/LWD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402117125 | PDF-MWD/LWD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402117127 | PDF-MWD/LWD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402117130 | PDF-MWD/LWD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402117149 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | | | | | |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|--|---------------------|
| Permit | Returned to draft per operator request - 7/24/2019 | 07/24/2019 |

Total: 1 comment(s)

