

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:
402118395

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 05-123-47820-00 County: WELD

Well Name: Popham Well Number: 17C

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

Footage at surface: Distance: 1119 feet Direction: FSL Distance: 2356 feet Direction: FWL

As Drilled Latitude: 40.337200 As Drilled Longitude: -104.537500

GPS Data:
Date of Measurement: 06/17/2019 PDOP Reading: 1.7 GPS Instrument Operator's Name: Tyler Blessing

** If directional footage at Top of Prod. Zone Dist.: 737 feet. Direction: FSL Dist.: 955 feet. Direction: FEL
Sec: 3 Twp: 4N Rng: 64W

** If directional footage at Bottom Hole Dist.: 367 feet. Direction: FSL Dist.: 1159 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) 03/16/2019 Date TD: 03/21/2019 Date Casing Set or D&A: 03/23/2019

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 12595 TVD** 6777 Plug Back Total Depth MD 12575 TVD** 6777

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	1,633	760	0	1,633	VISU
1ST	8+1/2	5+1/2	20	0	12,590	1,830	2,050	12,590	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	3,603				
SUSSEX	4,416				
SHANNON	5,172				
SHARON SPRINGS	6,853				
NIOBRARA	6,943				
FORT HAYS	7,558				
CODELL	7,662				

Comment:

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 ?	
Attachment Checklist			
402118481	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402118482	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			
402118469	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402118471	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402118472	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402118475	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402118476	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402118477	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402118478	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402118484	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)

