

DRILLING COMPLETION REPORT

Document Number:
400724979

Date Received:

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 05-123-38904-00 County: WELD
 Well Name: SunMarke Well Number: 28V-404
 Location: QtrQtr: NENE Section: 28 Township: 4N Range: 67W Meridian: 6
 Footage at surface: Distance: 398 feet Direction: FNL Distance: 211 feet Direction: FEL
 As Drilled Latitude: 40.289869 As Drilled Longitude: -104.887017

GPS Data:
 Date of Measurement: 10/20/2014 PDOP Reading: 1.5 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 1029 feet. Direction: FNL Dist.: 786 feet. Direction: FEL
 Sec: 28 Twp: 4N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 1134 feet. Direction: FNL Dist.: 501 feet. Direction: FWL
 Sec: 28 Twp: 4N Rng: 67W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/30/2014 Date TD: 07/12/2014 Date Casing Set or D&A: 07/13/2014
 Rig Release Date: 08/24/2014 Per Rule 308A.b.

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

Total Depth MD 11739 TVD** 7239 Plug Back Total Depth MD 11731 TVD** 7239
 Elevations GR 4894 KB 4909 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD (DIL in 123-15969 and 123-13754)

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	13+3/4	9+5/8	36	0	933	840	0	933	VISU
1ST	8+3/4	7	26	0	7,636	735	850	7,636	CBL
1ST LINER	6+1/8	4+1/2	13.5	7485	11,735				

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	3,637				
SUSSEX	4,130				
SHANNON	4,682				
SHARON SPRINGS	6,890				
NIOBRARA	6,985				
FORT HAYS	7,551				

Comment:

Spud date is correct on Form 5 and incorrect on COGCC website.
Open hole logging exception, no open hole logs were run on this pad.
7" TOC comments: TOC at fluid level.
Depths logged on CBL corrected by operator 7/25/2019.

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			
402059376	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402128527	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			
402059362	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402059388	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402122675	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402122685	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402122686	PDF-CBL 1ST RUN	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 for AOC settlement.	09/13/2016

Total: 1 comment(s)

