

DRILLING COMPLETION REPORT

Document Number:
400491284

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 05-123-36953-00 County: WELD
 Well Name: Waste Management Well Number: 2L-441
 Location: QtrQtr: SWSW Section: 2 Township: 2N Range: 64W Meridian: 6
 Footage at surface: Distance: 230 feet Direction: FSL Distance: 680 feet Direction: FWL
 As Drilled Latitude: 40.160860 As Drilled Longitude: -104.525860

GPS Data:
 Date of Measurement: 10/20/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Holly L. Tracy

** If directional footage at Top of Prod. Zone Dist.: 844 feet. Direction: FSL Dist.: 833 feet. Direction: FWL
 Sec: 2 Twp: 2N Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 499 feet. Direction: FNL Dist.: 800 feet. Direction: FWL
 Sec: 2 Twp: 2N Rng: 64W

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

Spud Date: (when the 1st bit hit the dirt) 06/15/2013 Date TD: 06/24/2013 Date Casing Set or D&A: 06/25/2013
 Rig Release Date: 07/06/2013 Per Rule 308A.b.

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

Total Depth MD 11379 TVD** 7039 Plug Back Total Depth MD 11371 TVD** 7039
 Elevations GR 4939 KB 4954 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD

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	934	840	0	934	VISU
1ST	8+3/4	7	26	0	7,379	559	0	7,379	CBL
1ST LINER	6+1/8	4+1/2	13.5	7246	11,375				

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	3,877				
SUSSEX	4,174				
SHANNON	5,223				
SHARON SPRINGS	6,650				
NIOBRARA	6,774				
FORT HAYS	7,452				
CODELL	8,061				
CARLILE	9,243				

Comment:

Logged depths on CBL were corrected by operator 7/26/2019.
 No open hole logs were run on this pad. APD was approved in 2013 with no logging BMPs or exceptions.
 7" TOC comments: 2 bbls cement returned to surface.
 MUD log was submitted in place of MWD.

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			
402071943	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402070587	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			
402070532	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402070533	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402070589	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402123706	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402123707	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	Return to draft for AOC settlement.	09/06/2016
Permit	Returned to Draft per operator's request.	05/07/2015

Total: 2 comment(s)

