

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



Document Number:

400701867

Date Received:

05/15/2019

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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: (303) 831-3988

City: DENVER State: CO Zip: 80203

API Number 05-123-37309-00

County: WELD

Well Name: Sorin Natural Resources

Well Number: 2R-403

Location: QtrQtr: NWNE Section: 2 Township: 4N Range: 66W Meridian: 6

Footage at surface: Distance: 20 feet Direction: FNL Distance: 1424 feet Direction: FEL

As Drilled Latitude: 40.348440 As Drilled Longitude: -104.739850

GPS Data:

Date of Measurement: 10/20/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 952 feet Direction: FNL Dist.: 1168 feet Direction: FEL

Sec: 2 Twp: 4N Rng: 66W

** If directional footage at Bottom Hole Dist.: 502 feet Direction: FSL Dist.: 1168 feet Direction: FEL

Sec: 2 Twp: 4N Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/18/2014 Date TD: 09/27/2014 Date Casing Set or D&A: 09/29/2014

Rig Release Date: 09/30/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11688 TVD** 7133 Plug Back Total Depth MD 11679 TVD** 7133

Elevations GR 4671 KB 4684 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MWD

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+1/2	9+5/8	36	0	925	700	0	925	VISU
1ST	8+3/4	7	26	0	7,608	694	415	7,608	CBL
1ST LINER	6+1/8	4+1/2	13.5	7454	11,682				

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	3,616				
SUSSEX	4,264				
SHANNON	4,754				
SHARON SPRINGS	6,626				
NIOBRARA	6,864				
FORT HAYS	7,608				
CODELL	7,699				
CARLILE	8,883				

Operator Comments

No open hole logs were run on this pad. APD was approved in 2013 with no logging BMPs or exceptions.
7" TOC picked at beginning of stringers, 11.2 ppg lead.

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: 5/15/2019 Email: Cassie.Gonzalez@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401969450	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401969449	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>					
400701867	DRILLING COMPLETION REPORT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401969442	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401969443	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401969445	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401969446	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401969451	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402074811	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Ready to pass.	06/04/2019
Permit	Return to draft for AOC settlement.	09/07/2016

Total: 2 comment(s)

