

FORM
5Rev
10/14**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:

402168317

Date Received:

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/or 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 completionOGCC Operator Number: 69175Contact Name: Cassie GonzalezName of Operator: PDC ENERGY INCPhone: (303) 860-5800Address: 1775 SHERMAN STREET - STE 3000

Fax: _____

City: DENVER State: CO Zip: 80203Email: Cassie.Gonzalez@pdce.comAPI Number 05-123-47437-00County: WELDWell Name: HarveyWell Number: 5NLocation: QtrQtr: SWSE Section: 32 Township: 4N Range: 65W Meridian: 6
FNL/FSL FEL/FWLFootage at surface: Distance: 730 feet Direction: FSL Distance: 2434 feet Direction: FELAs Drilled Latitude: 40.263640 As Drilled Longitude: -104.686440

GPS Data:

Date of Measurement: 07/26/2019 PDOP Reading: 2.4 GPS Instrument Operator's Name: Tyler Blessing
FNL/FSL FEL/FWL** If directional footage at Top of Prod. Zone Dist: 737 feet Direction: FSL Dist: 1470 feet Direction: FWL
Sec: 32 Twp: 4N Rng: 65W** If directional footage at Bottom Hole Dist: 152 feet Direction: FNL Dist: 1486 feet Direction: FWL
Sec: 29 Twp: 4N Rng: 65WField Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/02/2019 Date TD: 05/12/2019 Date Casing Set or D&A: 05/14/2019Rig Release Date: 07/10/2019 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 17345 TVD** 7127 Plug Back Total Depth MD 17322 TVD** 7127Elevations GR 4900 KB 4923 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MWD (DIL in 123-16264 and 123-16380)

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	1,890	870	0	1,890	VISU
1ST	8+1/2	5+1/2	20	0	17,338	2,055	1,550	17,338	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	3,966				
SUSSEX	4,535				
SHANNON	5,212				
SHARON SPRINGS	7,175				
NIOBRARA	7,289				

Operator Comments:

Spud date correct on Form 5 and incorrect on 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 Harvey 1N (API: 05-123-48522).
TOC comments from our Engineer: 5.5" TOC, 13.2# lead with decreasing amplitude and VDL showing signs of 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>		
402168361	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402168365	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>		
402168348	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402168349	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402168352	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402168353	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402168354	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402168355	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402168357	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402168367	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

