

FORM
5

Rev
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:

401806302

Date Received:

10/29/2018

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 completion

OGCC Operator Number: 69175 Contact Name: Ally Ota
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 Email: Alexandria.Ota@pdce.com

API Number 05-123-46695-00 County: WELD
Well Name: J Clark Well Number: 13N
Location: QtrQtr: NWNE Section: 14 Township: 5N Range: 65W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 550 feet Direction: FNL Distance: 1994 feet Direction: FEL
As Drilled Latitude: 40.405160 As Drilled Longitude: -104.628240
GPS Data:
Date of Measurement: 09/10/2018 PDOP Reading: 1.9 GPS Instrument Operator's Name: Devin Arnold
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 259 feet Direction: FSL Dist: 1884 feet Direction: FEL
Sec: 11 Twp: 5N Rng: 65W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 500 feet Direction: FNL Dist: 1918 feet Direction: FEL
Sec: 11 Twp: 5N Rng: 65W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/30/2018 Date TD: 07/03/2018 Date Casing Set or D&A: 07/04/2018
Rig Release Date: 09/01/2018 Per Rule 308A.b.

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

Total Depth MD 12074 TVD** 6840 Plug Back Total Depth MD 12054 TVD** 6840
Elevations GR 4615 KB 4638 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, MWD (DIL in 123-12759)

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	1,670	780	0	1,670	VISU
1ST	8+1/2	5+1/2	20	0	12,068	1,480	4,864	12,074	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	3,563				
SUSSEX	4,252				
SHANNON	4,923				
SHARON SPRINGS	6,619				
NIOBRARA	6,686				

Operator Comments:

This well has not yet been completed. Estimated date of completion is 4th Quarter 2018.
Top of Productive Zone footage is based on approved APD footage. Calculated TPZ will be provided on the Form 5A.
Open hole logging exception; No open hole logs were run. Cased hole neutron run on J Clark 1C (API: 05-123-46688).

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: 10/29/2018 Email: Cassie.Gonzalez@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401806356	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401806358	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401806359	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>			
401806302	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401806343	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401806344	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401806346	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401806347	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401806350	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401806351	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401806352	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401806361	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	Corrected 1st string casing cement top per CBL Corrected 1st string cement bottom to TD per directional survey Horizontal offset mitigation review complete	11/19/2019
Permit	Updated TPZ footages per form 5A submit comment. Permitting review complete.	11/01/2019

Total: 2 comment(s)

