

FORM
5Rev
10/14State 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:

400810686

Date Received:

01/13/2020

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: 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

Email: Cassie.Gonzalez@pdce.com

API Number 05-123-40075-00

County: WELD

Well Name: Chesnut

Well Number: 270-341

Location: QtrQtr: SWNW Section: 27 Township: 5N Range: 64W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2278 feet Direction: FNL Distance: 1139 feet Direction: FWL

As Drilled Latitude: 40.371246 As Drilled Longitude: -104.541094

GPS Data:

Date of Measurement: 03/30/2015 PDOP Reading: 2.8 GPS Instrument Operator's Name: Devin Arnold
FNL/FSL FEL/FWL** If directional footage at Top of Prod. Zone Dist: 1255 feet Direction: FNL Dist: 2028 feet Direction: FWL
Sec: 27 Twp: 5N Rng: 64W
FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: 475 feet Direction: FNL Dist: 2077 feet Direction: FWL
Sec: 22 Twp: 5N Rng: 64W
FNL/FSL FEL/FWL

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/03/2015 Date TD: 03/15/2015 Date Casing Set or D&A: 03/17/2015

Rig Release Date: 03/18/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 13397 TVD** 6628 Plug Back Total Depth MD 13369 TVD** 6628

Elevations GR 4614 KB 4627

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MWD (DIL in 123-19305 and 123-25594)

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 | 930 | 830 | 0 | 930 | VISU |
| 1ST | 8+3/4 | 7 | 26 | 0 | 7,304 | 540 | 1,550 | 7,304 | CBL |
| 1ST LINER | 6+1/8 | 4+1/2 | 13.5 | 6093 | 13,393 | 406 | 6,093 | 13,393 | CALC |

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 | 3,502 | | | | |
| SUSSEX | 3,938 | | | | |
| SHARON SPRINGS | 6,445 | | | | |
| NIOBRARA | 6,630 | | | | |

Operator Comments:

Spud date on Form 5 is correct and incorrect on COGCC's website.
Shannon Formation is not present.
Open hole logging exception, no open hole logs were run on this pad. APD was approved with no logging BMPs or exceptions.
Corrections on CBL made by operator due to vendor losing large database files in truck fire.
TOC comments from our Engineer: 7" TOC, 11.2# lead with decreasing amplitude. Lower cmt weight. 20 bbls returned.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Cassie GonzalezTitle: Regulatory Technician Date: 1/13/2020 Email: Cassie.Gonzalez@pdce.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|--------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 402248245 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 402248246 | 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> | | | | | |
| 400810686 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400810699 | Deleted PDF-MUD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400814917 | Deleted DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400819233 | Deleted LAS-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400819236 | Deleted OTHER | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402248193 | LAS-CBL 1ST RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402248194 | PDF-CBL 1ST RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402248261 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402278521 | PDF-MWD/LWD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402278522 | LAS-MWD/LWD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|---------------------------------------|---------------------|
| Permit | Permit review complete. | 01/22/2020 |
| Permit | Returned to draft for AOC settlement. | 09/13/2016 |

Total: 2 comment(s)

