

FORM  
5

Rev  
02/20

# 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:

401004814

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 completion

OGCC Operator Number: <u>69175</u>	Contact Name: <u>Cassie Gonzalez</u>
Name of Operator: <u>PDC ENERGY INC</u>	Phone: <u>(303) 860-5800</u>
Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>Cassie.Gonzalez@pdce.com</u>

API Number <u>05-123-40095-00</u>	County: <u>WELD</u>
Well Name: <u>Tarin Federal</u>	Well Number: <u>32W-234</u>
Location: QtrQtr: <u>SESE</u> Section: <u>32</u> Township: <u>4N</u> Range: <u>66W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>1063</u> feet Direction: <u>FSL</u> Distance: <u>355</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.263810</u> As Drilled Longitude: <u>-104.793180</u>	
GPS Data: GPS Quality Value: <u>1.8</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>01/20/2016</u>	
GPS Instrument Operator's Name: <u>Devin Arnold</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>2361</u> feet Direction: <u>FSL</u> Dist: <u>876</u> feet Direction: <u>FEL</u>	
Sec: <u>32</u> Twp: <u>4N</u> Rng: <u>66W</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>2348</u> feet Direction: <u>FSL</u> Dist: <u>2051</u> feet Direction: <u>FEL</u>	
Sec: <u>31</u> Twp: <u>4N</u> Rng: <u>66W</u>	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 10/31/2015 Date TD: 11/10/2015 Date Casing Set or D&A: 11/12/2015  
Rig Release Date: 01/20/2016 Per Rule 308A.b.

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

Total Depth MD <u>14283</u> TVD** <u>7051</u> Plug Back Total Depth MD <u>14255</u> TVD** <u>7052</u>
Elevations GR <u>4774</u> KB <u>4787</u> <b>Digital Copies of ALL Logs must be Attached per Rule 308A</b> <input checked="" type="checkbox"/>

List Electric Logs Run:  
CBL, MWD (DIL in 123-14490 and 123-24549)

\_\_\_\_\_

### 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	946	510	0	946	VISU
1ST	8+3/4	7	26	0	7,695	845	0	7,705	CBL
1ST LINER	6+1/8	4+1/2	13.5	6591	14,279	710	6,591	14,283	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	3,838				
SUSSEX	4,279				
SHANNON	4,956				
SHARON SPRINGS	7,103				
NIOBRARA	7,262				

Operator Comments:

Open Hole Logging Exception, no open hole logs were run on this pad.  
Corrections on CBL made by operator due to vendor losing large database files in a truck fire.  
TOC comments from our Engineer: 7" TOC, lower amplitude and VDL indicating bonding to pipe and formation.

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>			
402332254	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402332251	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>			
402332239	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402332240	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402332241	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402332242	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402332256	DIRECTIONAL DATA	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.	09/13/2016

Total: 1 comment(s)

