

**FORM
5**Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400334089

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 69175

4. Contact Name: Jenifer Hakkarinen

2. Name of Operator: PDC ENERGY INC

Phone: (303) 8605800

3. Address: 1775 SHERMAN STREET - STE 3000

Fax: (303) 8605838

City: DENVER State: CO Zip: 80203

5. API Number 05-123-20968-00

6. County: WELD

7. Well Name: WELLS RANCH

Well Number: 11-34

8. Location: QtrQtr: NWNW Section: 34 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 663 feet Direction: FNL Distance: 665 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/09/2005 13. Date TD: 14. Date Casing Set or D&A:

15. Well Classification:

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

16. Total Depth MD 7013 TVD** 17 Plug Back Total Depth MD 6940 TVD**

18. Elevations GR 4810 KB 4820

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL

20. Casing, Liner and Cement:

CASING

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	8+5/8	24	0	403	225	0	403	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/25/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

Casing repair and Remedial cementing

TIH circulate to 6795',. TIH w/ RBP and set @ 6728, pressure test casing to 4500psi, pressure drop. Isolate casing leak between 2331' and 2295'. TIH, release RBP and POOH. TIH w/ CIBP, set @ 6710,dump 2 sx cmt.. TIH and cut casing @ 2994. TIH w/ casing patch and new 4 1/2 " casing, set patch. Pull 15k#, pressure to 2000psi, test good.
 TIH w/ annular WS, tag cmt @ 3094, Set EOT @ 2469, pumped 290sx 13.4# PCL, pull EOT to 1750, pump 367 sx 13.4# PCL, return 10 bbl to surface.

TIH, drill CIBP, clean to 6940

Run CBL from 3200 to surface

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: Jenifer Hakkarinen

Title: Regulatory Analyst Date: _____ Email: Jenifer.Hakkarinen@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400334095	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
400334094	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)